

THE
AMERICAN
MEDICAL MONTHLY.

NON PROGREDI EST REGREDI.

Vol. V.

JANUARY, 1856.

No. 1.

502
15
EDITED BY

EDWARD H. PARKER, A.M., M.D.,

PROF. OF ANATOMY IN THE NEW YORK MEDICAL COLLEGE, &c.

EDWARD P. ALLEN, PUBLISHER,

NO. 9 SPRUCE STREET, NEW YORK.

Single Copies, Twenty-five Cents.

CONTENTS

OF THE

AMERICAN MEDICAL MONTHLY.

JANUARY, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

	PAGE.
On Meningeal Tuberculosis. By O. C. Gibbs, M.D., - - -	1
Spontaneous Escape of Fluid from the Peritoneal Cavity. - - -	12
European Practitioners. Mr. Guthrie, Army Surgeon, - - -	14
Quacks vs. Regular Practitioners—Duties of Medical Societies, - - -	22

REVIEWS AND BIBLIOGRAPHY.

Yellow Fever, considered its Historical, Pathological, Etiological, and Therapeutical Relations. By R. LaRoche, M.D., &c., - - -	25
The Obstetric Memoirs and Contributions of James Simpson, M.D., &c., - - -	39
Principles of Comparative Physiology. By W. B. Carpenter, M.D. &c., - - -	43
A Manual of Pathological Anatomy. By Carl Rokitsansky, M.D., &c., - - -	44
Clinical Lectures on Surgery. By M. Nelaton, - - -	44
Pronouncing Medical Lexicon. By C. H. Cleaveland, M.D., - - -	44
Scenes in the Practice of a New York Surgeon. By E. H. Dixon, M.D., - - -	45

CHRONICLE OF MEDICAL PROGRESS.

Mortality Statistics of the United States, - - -	45
Foreign Correspondence, - - -	49
Cogitations and Vaticinations. By an Old Fogey, - - -	54
Diseases of the Knee-Joint, Foreign Bodies in the Bronchi, and Fractures in Children. By William Lawrence, Esq., F.R.S., &c., - - -	59
Cornin in Intermittents. By E. P. Christian, M.D., - - -	64
Case in which Six Drachms of Arsenic was taken. Hydrated Sesquioxide of Iron administered. Recovery. By William Webb, M.D., - - -	68
Case of Hysterical Paralysis, - - -	70
On a New Parasite in Man (Pentastomum Denticulatum Rud.) - - -	71
The Committee on Medical Topography, &c., - - -	72
New Way of Making Oleum Morrhuæ Cum Quina, - - -	74

EDITORIAL AND MISCELLANEOUS.

Salutatory, - - -	75
Discussing Errors—Academy of Medicine, - - -	75
The Public Schools and our Children, - - -	77
The Eye Infirmary, - - -	77
Unfinished Jobs, - - -	77
"A Physician Mulcted in Damages for Malpractice." - - -	78
Items of Medical News, - - -	80

THE AMERICAN MEDICAL MONTHLY.

JANUARY, 1856.

PART I.—ESSAYS, MONOGRAPHS, AND CASES.

On Meningeal Tuberculosis. By O. C. GIBBS, M. D., Perry,
Lake Co., Ohio.

The existence of granular depositions, upon the membranes and over the surface of the brain, has been for some time known. That these granulations were connected with meningeal inflammation was known to M. Guersent in 1827; but, that these granulations were tubercles, or the cause of meningeal inflammation, neither he, nor any one else, at that time, suspected. In 1830 M. Papavoine asserted their tubercular character, and in 1833 Dr. Gerhard, of this country, and M. Rufy, of France, clearly proved their connection with, as a cause of that form of meningitis, which, sixty-five years before, Dr. Whytt described as acute hydrocephalus. Of late years much has been learned in reference to the pathology of cerebral diseases, and of the etiology of many of the symptoms connected therewith. Less than a century ago, at least three distinct diseases were included under the head of hydrocephalus: 1st. A collection of serous fluid within the cranial cavity, independent of inflammation; 2d. Simple inflammation of the meninges of the brain, which usually before death induces an effusion of fluid into the ventri-

cles of that organ, and into the meshes of the pia mater ; and, 3d. Meningitis superinduced and caused by previously deposited tubercle. Notwithstanding this increase of our knowledge, in reference to meningeal inflammation, as connected with tuberculosis, yet the frequency and fatality of this condition certainly justify an increased attention.

That tubercles may be formed in almost any portion of the body, has for some time been a generally received opinion. According to Louis and Rokitansky, the frequency with which they occur in the membranes of the brain, is only surpassed by their aptitude for, and numerical occurrence in the lungs, lymphatic glands, serous membranes of the pleura and peritoneum, the larynx, and the intestinal canal. If the first ten years of life only were considered, the frequency with which tubercles manifest themselves in the cerebral meninges would, probably, stand at the head of the list ; for, according to Condie, in Philadelphia, during the ten years preceding 1845, the number of deaths from tubercular disease of the lungs, in persons under fifteen years of age, was only 963, while the number of deaths from tubercular disease of the brain and its membranes, in the same time, was 1,906. It is my opinion, though it may not be correct, that the stronger the tubercular diathesis, and, consequently, the earlier tubercles are deposited, and diseases in consequence developed, the greater is the liability of the membranes of the brain to become the seat of such deposits and disease. To illustrate : a man may have the scrofulous diathesis, so slightly marked as to be scarcely noticed, scattering tubercle may be deposited in the lymphatic system, or elsewhere, and yet he escape the more active forms of tuberculosis and death by tubercular disease ; his children may die in middle life of phthisis, and his grandchildren in childhood from tubercular meningitis, or meningeal tuberculosis. M. Guillot refers to the case of a man who died of phthisis, aged sixty-six. " Before the age of forty-eight all his four children died of the same disease ; all had children, but the third generation did not survive the period of the first dentition, all being carried off, either by pneumonia supervening on tubercle, or by *tubercular meningitis*." In another example, " a grandfather died of phthisis. One of his daughters also died of it at

thirty. The other daughter is still living, but three of her children have died either of tubercular pneumonia or meningitis." (L' Union Medicale, No. 5.)

Tubercles may be deposited upon any part of the surface of the brain and cerebellum, and are usually situated beneath the arachnoid, in the substance of the pia mater. They are, however, more frequent in some situations than others; are formed oftener and more abundantly upon the brain than the cerebellum; upon its convex surface than at its base; in the sulci between the convolutions than at their summit; in the neighborhood of the optic nerves, and in the membranes that cover the medulla oblongata, than in the fissure of Sylvius. They are generally scattered irregularly over the membranes, but occasionally are grouped in patches, and are generally more abundant along the veins that ramify in the pia mater. It is generally believed that the situation of tubercle, whether at the convex surface of the brain, at the lateral portions, or at the base; whether in the sulci of the convolutions, about the optic nerves, or medulla oblongata, has no appreciable bearing upon the symptoms. Present statistics will not justify an argument in disproof of this opinion; yet, it is easy to imagine, and subsequent observations may justify the supposition, that the known variable symptoms are not wholly independent of the location of tubercular depositions.

In deaths from meningeal tuberculosis, there is almost always evidence of inflammation in the membranes of the brain, particularly the pia mater, though *not always*, as many have taught, and more have believed. The membranes are usually, to a greater or less extent, injected, thickened, and infiltrated with a serous, gelatinous, or turbid liquid, and these evidences of inflammation are more common at the base than at the summit of the brain. It is in consequence of the frequency of the evidences of inflammation, that this disease has so generally, of late, been described under the name of *tubercular meningitis*. The effusion of serous fluid into the ventricles of the brain, and between the pia mater and the arachnoid, is, perhaps, no less common than the evidences of inflammation. The amount of this effusion varies from three or four drachms to twice as many ounces. The frequency with which this serous effusion and ac-

camulations are found, in connection with meningeal tuberculosis, has given rise to the name of hydrocephalus, by which, unfortunately, many still describe the disease. The inflammation and effusion are, probably, by no means co-extensive, in point of time, with the deposition of tubercle, but are subsequently developed,—engrafted upon, and superinduced by previously existing meningeal tuberculosis.

Many have supposed that meningeal inflammation commenced anterior to the deposition of tubercular matter. Such, suppose the granular deposition to be nothing more nor less than the product of inflammation, and, consequently, tuberculosis the sequence of an inflammatory cause. Some of the first names in the profession, in the full light of our present pathology, have maintained this opinion, of whom may be mentioned Broussais, Alison, Andral, Rainhart, Rokitansky, &c. Williams, too, claims that tubercles are frequently the products of inflammation. The subject is of the first importance, and I propose here a few arguments in disproof of the opinion of the above mentioned pathologists. Perhaps there is no fact better established in pathology than that tubercles exist in numberless cases without any evidences of inflammation, either by symptoms, or as shown by anatomical examination. If this be so, then inflammation is not necessary to the production of tubercle, and when it exists in connection with such deposits, it is probable that it is a superinduced consequence, and not a pre-existing cause. It is admitted that tubercles may occur in an organ simultaneous with, or subsequent to inflammation in the same organ; but even then there is no evidence that there is an existing relation of cause and effect; but it is probable that their co-existence is accidental, or, rather, the subjoined tubercles are an independent coincidence. It is possible that, in persons of a scrofulous diathesis, inflammation may *hasten* the deposition of tubercles; but this is far from justifying the conclusion that such deposits are the *products* of inflammation. In meningeal tuberculosis, though inflammatory products are often found in connection, yet tubercles often co-exist in other organs, in connection with which there are often no evidences of inflammation having existed. To draw an analogy from other organs, many have supposed that phthisis was frequently, and perhaps generally, the result of

pneumonia, catarrh, or pleurisy. The observations of Louis, Grisolle, Bayle, Lombard, and Lænnec, are opposed to such an opinion. The statistics of Louis show, that while inflammatory affections of the lungs are more common in males, tubercular disease in the same organs are more common in females. Indications of pneumonia are usually confined to one lung, while tubercular deposits are often as abundant in the opposite side. The greatest development of tubercular matter is generally found in the upper lobes of the lungs, whereas pneumonia is more common in the lower. These facts all militate strongly against the inflammatory origin of phthisis or tubercular diseases in general. It is true, pneumonia frequently co-exists with phthisis; but there are good reasons for supposing that the former disease is consequent upon and subsequent to the deposition of tubercles. Meningeal tuberculosis occasionally occurs when no symptoms during life, or signs after death, give evidence of inflammation. If additional evidence is wanted to prove the non-inflammatory origin of tubercle, it may be found in the results of microscopical examination. Space will not admit of more extended argument; yet I beg leave to quote the opinions of one or two eminent pathologists. Lænnec says: "Tubercular diseases depend essentially upon a particular state of the system, unconnected with inflammation." Simon uses the following language: "Tubercle, in itself, is clearly no product of inflammation, but is apt, especially at the period of its softening, to act as an irritant of surrounding textures, and to invite the addition of the inflammatory exudations." The mechanical obstruction which tubercles present to the circulation is great, and hence the frequency with which inflammation is superinduced is by no means surprising.

What is tubercle? and what the pathological process by which it is formed? These are questions upon which pathologists of equal eminence are certainly at disagreement; and, perhaps, in the present state of medical science, they cannot be satisfactorily answered. It is not proposed here to investigate these questions, or discuss the causes of the prevailing opinion of discrepancy, but to mention a few facts that may be made available when speaking of the treatment of the disease under consideration. Simon says tubercle consists of "some mis-devel-

oped proteinous ingredient of the lymph and blood. The essence of this mis-development lies in the fibriniform solidification and concretion of something which should remain fluid in the plasma of the blood. I call it *fibriniform*, because, though it is not identical with fibrin, it probably arises in some analogous method of formation, and undergoes similar final metamorphosis." Pathologists have generally considered fibrin the material by which textures are chiefly nourished and repaired—the nutriveness of the blood,—in a word, the pabulum from which come growth and repair. Many eminent names in the profession have recently taken a different view, and now consider it an excrementitious product, derived from the waste of the tissues, or the oxidation of the blood. It is universally known that fibrine is more abundant than in health in all acute inflammatory diseases. Perhaps this inflammatory augmentation is one reason why tubercles, fibrin-like as they are, have been considered inflammatory products. But if fibrin reverts to the blood from the waste of the tissues, then its superabundance is only an evidence of increased oxidation and waste of certain elements of the body, or of deficient elimination of this excrementitious product. An excess of fibrin is also found in some diseases essentially material, and in ailments characterized by defective assimilation and nutrition. Andral and Gavarrett found it increased in tubercular diseases. It is probable that fibrine, or a substance that is fibrin-like, may result from a retrograde condition of albumen. And it is my opinion, though that opinion may be hastily formed, that this fibrin-like substance, resulting from defective albumen that has failed to accomplish its object in the process of nutrition, is the pabulum of tuberculosis. In other words, the albuminous material, which, in the process of nutrition, is to form the elements of growth and repair, through some defect in its formative process is, to a limited extent, incapable of cellular development; and this non-developmental albuminous product becomes the dead, fibrin-like concretion which is denominated tubercle. Hence meningeal tuberculosis presents in its origin no peculiarities from other tuberculous disease, and has its origin in the blood; or rather, and more properly, in the formative process and material, by which process, and out of which material, blood is

formed. The researches of such chemists as Prout and Liebig, prove that it is from the nitrogenized and carbonized products of the food that nutrition is accomplished ; in other words, the albuminous and fatty products are necessary compounds in the process of healthy cellular development. It is probable that in tuberculosis there is a deficiency of fatty and an excess of albuminous assimilation. This idea gains support from the fact, that in connection with degenerate albuminate, or fibriniform exudations and concretions, a fatty degeneration of the liver, the kidney, and the arteries, is frequently found. It has been thought by some pathologists that this adipose deposit consisted in a fatty conversion of some fibrinous material previously deposited. But I apprehend it is more probable that, through some defect in the assimilative process, a proper union does not take place between the albuminous and fatty compounds, necessary for the healthy development of elementary molecules, and hence result fatty infiltrations and albuminous or fibriniform depositions. Bearing upon this point, I beg leave to quote again from *Simon's Pathology*. He says : "In short, this tubercular diathesis consists in an inherited peculiarity of blood-development, under the influence of which the nascent blood tends to a molecular death by super-oxidation ; partly it may appear that these dead proteinous elements can undergo, within the stream of the circulation, such degenerative changes as will qualify them for discharge by excreting organs ; partly it may appear that these changes lead to fatty accumulations in the endothelium, or in the parenchymatus blastema of such organs ; but mainly and characteristically, it is the way of those dead proteinous elements to concrete in the organs where their precipitation has been determined, and there to construct the fibriniform masses called *tubercle*." (P. 140.)

The duration of meningeal tuberculosis has usually been considered by authors to range, on an average, from two to three weeks ; but, having considered the disease to be essentially inflammatory—tubercular meningitis—they have considered the commencement of decided inflammatory symptoms to be the commencement of the disease. Considering the deposition of tubercle to be, if not the starting point, the precursor and cause of all subsequent symptoms, the average duration of the difficulty would probably reach twice as many months.

The disease is not common in adults ; occurring mostly during the first ten years of life, and probably fully one-half in the first five. I can hardly believe it as rare in adults, however, as many writers consider it. Of the thirty-one fatal cases reported by Dr. Charles West, all were under nine years of age. In the last year I believe I have seen two cases occurring in females between the ages of thirty and forty. Anatomical examination was wanting, it is true, to prove the correctness of the diagnosis, but in both the tubercular cachexia was well marked, with the symptoms and emaciation that usually accompany tuberculosis, without the pneumonic symptoms that usually manifest themselves in phthisis. These symptoms continued for months, and, in one case, for two or three years. At length the concluding stages of meningeal tuberculosis manifested themselves by the unmistakable symptoms of meningeal inflammation and effusion into the cranial cavity.

Of the various symptoms that mark and accompany the different stages of the disease under consideration, it is not proposed here to make any mention.

Many eminent physicians have considered meningeal tuberculosis necessarily incurable in any stage. Others suppose that cures are not very uncommon in the early stages, before effusion takes place, and never possible afterwards. Others still, suppose that cures occasionally take place, even in the last stage of the affection. It is not proposed here to attempt to reconcile these conflicting opinions ; suffice to say that cures are sufficiently rare to claim for the disease the highest consideration of the medical profession, and to challenge their utmost therapeutical skill.

It is evident that the indications for treatment must vary with the different stages of the affection. Dr. Watson says, the disease has its origin in the scrofulous diathesis, and is essentially tubercular ; yet, upon the same page, he says : " I need not take any further pains to convince you that the disease is essentially inflammatory." (Watson's Lectures, p. 270.) Two pages further on he says : " The disease being essentially an inflammation, requires in its *earlier periods*, at least, the remedies of inflammation." Prof. Wood holds the following language in regard to treatment : " It is inflammation, therefore, that is

to be combated. The treatment recommended for simple meningitis is exactly that required, upon the principle above stated, for the tuberculous variety. It is even more important in the latter, that the remedial measures should be *early applied*; for it is in the *first stage* especially that there may be some reason to hope that the tuberculous deposition may be prevented." (Wood's Practice, vol. 2, p. 640.) The writers above mentioned, as well as most others whom it has been my privilege to consult, consequently recommend blood-letting, purgatives, mercurials, &c., as soon as the first symptoms of the disease manifest themselves. With due deference to, and with the utmost respect and reverence for the authors of such opinions, I would here enter a demurrer, and decidedly protest against such therapeusia. If tubercle were the result of existing inflammation, then the active antiphlogistic remedies recommended would be judicious. But if the inflammation, which usually accompanies the second stage of meningeal tuberculosis, be the effect of and a superaddition to pre-existing tubercle, then the question naturally arises, does not depletion increase the frequency of tubercular deposits, and, consequently, subsequently augment the dependent inflammation? Does not blood-letting, in the anæmic and scrofulous patient, invite serous or hydropic effusions? Those who have had much experience in the antiphlogistic treatment in this disease, will doubtless find a sufficient answer to the last inquiry, in the convulsions and accelerated death they have occasionally seen follow a by no means immoderate bleeding. The examinations after death, it has been said, usually reveal evidences of inflammation. This is not always the case, and the uniformity of this condition is no greater than the same *post mortem* appearance in deaths from phthisis. That physician who should treat every case of incipient consumption with the means and energy usually resorted to in pneumonia, would doubtless have no reason to boast of his success. I apprehend the inconsistency is no greater here than in the common treatment of meningeal tuberculosis, with the means and energy usually resorted to in simple acute meningitis.

The treatment of the first stage of the disease under consideration, it seems to me, should be quite similar to that for tuberculosis in general. Cod liver oil should be given, in doses

proportioned to the age of the patient, and continued twice a day for months, unless decided inflammatory symptoms should, in the meantime, be superinduced. The iodide of potassium, in small doses, should be given once or twice a day simultaneous with the oil. The diet should be nutritious, and easily digestible; the bowels should be kept regular; the clothing should be such as to guard against the depressing effects of cold; and it is of the first importance that the physical and mental energies be not over-taxed. Riding in the open air, in suitable weather, whether over land or water, is a decidedly healthy exercise; but whether at home or abroad, the mind should be kept from all stimulation either of excitement or of study. The patient, if possible, should be kept from all contagious diseases; and timely and judicious counter-irritation to the back of the neck is unquestionably of importance.

I wish to call more especial attention to the remedial powers of iodide of potassium. In meningeal tuberculosis I believe it to possess an influence second to no other known remedy. For aught that I know to the contrary, Prof. Wood, of Philadelphia, was the first to suggest the propriety of its use in the early stage of this affection (see Wood's Practice, vol. 2, p. 641); but in connection with blood-letting and purgatives, I should expect its benefits to be more than counteracted. I have used the iodide of potassium in several instances with success, in cases that I supposed to be meningeal tuberculosis;—cases, too, some of them, in the families of which several of the children immediately preceding had died of the disease under consideration, as they respectively became of a certain age, having received the usual antiphlogistic treatment at the hands of an eminent and skilful physician. It may be said that these cases of cures were not true meningeal tuberculosis. Perhaps they were not. I cannot, however, refrain from expressing my conviction, that if all *suspected* cases were treated early and perseveringly with iodide of potassium, there would be fewer deaths to be reported from the *genuine* disease.

The use of the above mentioned article is not restricted to the first or forming stage of the disease. Inflammation, especially that form of it that is superinduced on tubercle, by no means counter-indicates its use. It is even recommended, and

used with advantage, in simple meningitis, by many judicious physicians : the indications for, and the propriety of its use, is far more apparent in that form of meningeal disease now under consideration. Williams says : " Iodide of potassium is better adapted (than mercury) for chronic inflammations of an asthenic character, with reduced blood and strength, with tendency to ulceration, suppuration, or aplastic (tubercular) deposits." (Williams' Principles, p. 267.) Again (p. 269) he says : " Preparations of iodine, especially the iodide of potassium, do sometimes appear to countervail serofulous inflammation ; and their commonly salutary operation on the constitution renders them eligible medicines in serofulous subjects." The medicine should be given in larger or more frequently repeated doses, than in the forming stage : for the urgency of the case is greater, and its progress more rapid. It may be asked if, in the second stage, with unmistakable symptoms of meningitis present, though that meningitis be of a tubercular origin, and in a serofulous subject, venesection should not be performed ? Blood-letting may, doubtless, often, in such cases, prove of temporary benefit ; but I believe this temporary improvement to be purchased at the expense of a diminished prospect of an ultimate cure. Should tubercular pneumonia manifest itself in the advanced stage of phthisis, I should certainly question the propriety of venesection, and I can see no rule applicable or principle involved in the one case, that is not equally applicable and involved in the other. Simultaneous with the inflammatory symptoms, the bowels are usually deranged and obstinately costive. Purgatives should now be administered, not at remote intervals, and in quantities such as will procure copious cathartics, but in doses so graduated, as to time and quantity, as to maintain freedom of the bowels, so long as derangement and constipation remain a symptom. In connection with iodide of potassium and purgatives, cold to the head and blisters may be added, and these means, in the stage of the disease under consideration, will perhaps accomplish all the good that is obtainable in the present state of our knowledge. The local employment of cold on the head is not of such general utility as might be supposed. To abate preternatural heat, and lessen cerebral excitement, it may be advantageously resorted to in the stage of inflammatory

augmentation, but it can be of no benefit, and is entirely inapplicable in the coma of the later stages of the disease. Blisters too should be resorted to only after the inflammatory superaddition has begun to abate.

In the latter stage of the difficulty, after coma, convulsions, and partial paralysis have occurred, I have never seen a case of recovery; and, from the nature of the case, it is presumable that such recoveries are extremely rare. Drs. Christie, Woniiger, Roser, and others, have reported cures, in this stage, under the use of large doses of iodine in connection with iodide of potassium,—half a grain of the former to four grains of the latter, in water, and repeated every four hours. It is evident that in the last stage the patient's strength should be supported by mild stimulation and nourishing diet.

Having placed the iodide of potassium at the head of all remedial means, in the treatment of meningeal tuberculosis, it may be expected its *modus operandi* will be explained; but upon that point I do not propose, at present, even to risk a conjecture.

Spontaneous Escape of Fluid from the Peritoneal Cavity.

For the American Medical Monthly.

MR. EDITOR,—The following case was recently communicated to me by Dr. Wm. Burns, of Littleton, N. H., and I have thought it might prove interesting to the readers of the MONTHLY.

Mrs. H., of Bethlehem, N. H., was married at the age of 32, having always enjoyed good health. Four years after, she became pregnant, and during pregnancy she became dropsical. It was believed that she had not less than fifty pounds of dropsical fluid in the peritoneal cavity at the end of pregnancy; but all of this escaped *spontaneously, per vaginam*, during and immediately after delivery. This occurred in the year 1791. Two years after the birth of the child (1793), the peritoneal cavity had again become largely distended with the dropsical accumulation, and Dr. Moore, of Bath, N. H., per-

formed the operation of paracentesis abdominis, removing sixty-four and three-fourths pounds of fluid.

During the following twenty-six years, up to 1819, Mrs. H. had filled with dropsical fluid nineteen times, for which she had been tapped six times, and had had *thirteen spontaneous evacuations per vaginam*. At neither of the six tapplings had she lost less than sixty-three pounds of fluid; and at each spontaneous evacuation the fluid had drained off in about forty-eight hours, flowing from the vagina once in two or three minutes. After the water had been removed, either by tapping or spontaneously, the sternum was so prominent relatively, on account of the collapsed state of the abdominal walls, that a common quarto family bible could stand on end in the hollow beneath its lower extremity. The ribs, also, were correspondently prominent, and two of them had been broken by the distension.

Dr. Burns tapped the patient, October 21st, 1819, removing twenty-two quarts of fluid, which weighed forty-nine pounds. She was then in the sixty-fifth year of her age, and had been blind four years. She had another spontaneous discharge of the fluid (the fifteenth in all) per vaginam ten months afterwards, August, 1820. At this time more than fifty pounds were supposed to be removed. Not long afterwards she died of some disease not connected with the dropsy.

In this case there is reason to believe that the distension became so great that the wall of the vagina gave way from the downward pressure, at the cul de sac, between this canal and the rectum; and thus the fluid was spontaneously discharged in the course of about forty-eight hours. Afterwards the rupture probably healed by the first intention, and everything remained in the natural state till the tension again produced the same result. And this state of things continued for more than thirty years, without much impairing the general health. The only thing worthy of remark was an occasional attack of vomiting during the last ten or eleven years.

This case illustrates the method adopted by nature in performing the operation of paracentesis abdominis; and I have for some time past been convinced that it is better to imitate the example she has given in this instance, and tap from the

vagina, in all cases in which there is such a projection downwards of the cul de sac between it and the rectum as to indicate the precise point where the puncture should be made, and enable the operator thus to make it without risk to any vessel or any neighboring part. A report of a case under my direction, in which this operation had several times been performed, is contained in the American Journal of the Medical Science, for January, 1855. In every instance the puncture healed by the first intention, and no unpleasant symptom occurred.—

Yours truly,

E. R. PEASLEE.

26 Clinton Place, New York, December, 1855.

European Practitioners.—No. III.

MR. GUTHRIE, ARMY SURGEON.

No member of the Medical Profession in England, at one period, succeeded in rendering himself more unpopular than Mr. GEORGE JAMES GUTHRIE. He had been distinguished as an Army Surgeon in the Peninsular campaigns of Wellington, and having, by cajoling or dragooning the artist, accomplished the unprecedented feat of getting his portrait introduced into a corner of the picture of the Duke and his companions in arms, George James's heart became unusually uplifted. He had, in fact, achieved a very high aim, for never was medical man in Britain so honored before; and nine-tenths of the public, while they gazed upon the dark, swarthy features of the surgeon, as he bent over the prostrate form of a wounded man, actually supposed it was the figure of a male gipsy engaged in fortune-telling, or a still more unscrupulous camp-follower intent upon rifling, so unusual had it been to invest this branch of the staff with such honors. If he had borne these honors meekly, the profession might have rejoiced in them, and considered that in receiving the compliment it was reflected upon the whole *corps* in turn; but, as we have already said, in the language of his countrymen, the Scotch, George James's heart became unusually uplifted. He conducted himself with such arrogance, frowardness, and audacity, that the Irish pro-

nounced him a "bouncer," and the English repeated the old vulgar remark concerning the elevation of a beggar on horse-back. Mr. Guthrie, in fact, by his overbearing, grasping, intolerant, and off-handed manner, excited a general feeling of hostility in the ranks of the profession, and he deserved it. But all these days, and all these emotions, have long since passed away. The busy, bouncing, domineering, and haughty dictator has since been sorely stricken. Domestic afflictions have crushed him to the dust. The neglect of the court and the government has followed. His really great public services have been requited with the grossest ingratitude. The proffer or benefit of his vast experience has been wholly contemned. In the recent Crimean campaign his advice was unheeded, or passed by with insulting silence. Hence in great measure the disasters that have there befallen British arms, in so far as the medical department is concerned, and hence the reaction that ensued in the breasts of his professional brethren. Mr. Guthrie, from being haughty and dictatorial, has now become an object for insult and contempt in turn. He has never been deemed worthy of the trumpery honor of an appointment as one of the surgeons, ordinary or extraordinary, of the reigning Queen, or even of His Royal Highness Prince Albert. It is therefore with altered, and in some degree warm, feelings in his behalf, that we take up the pen to give a brief sketch of the neglected and ill-used old man.

Mr. Guthrie is of German origin, but is, we believe, descended from a Scotch family, whose founder migrated from the shores of Germany to the scarcely more inclement soil of the North. Religious scruples are said to have been the cause of the migration, and hence the name of Guthrie has long been held in considerable estimation. Mr. Guthrie's family, though it never occupied a high rank, was entirely respectable, and is yet in possession of considerable landed estate in the eastern district of Scotland. He himself, after receiving the usual elements of that sound education for which the country is noted, was trained up for the medical profession, and at an unusually early age entered the army department, at a time when ability was rare and promotion was rapid.

Nothing could exceed the degradation in which both the

Naval and Military branches of the English service then were plunged. The "Doctor's Mates" of the former were scarcely considered fit to enter the company of the midshipmen, with whom they are still obliged to herd, and would probably in no degree have hesitated had they, as at a later period in Russia, been expected to act as ship's barber too, and scrape the chins of the whole of the crew. So recently as the year 1828 some unhappy English surgeons, on entering the naval service of the Czar, were, to their horror, informed that one of their functions consisted in shaving once a week the faces of seven hundred and fifty men, or the usual complement of a seventy-four gun ship; and a refractory member was straightway huddled into a waggon, from which, after being jostled over several hundred leagues, he was unceremoniously cast upon the Prussian frontier, merely because he declined undertaking this tonsorial operation. Even in England, which professed to be more civilized, assistant naval surgeons were treated with equal contempt. William the Fourth, shortly after his accession to the throne, in 1830, openly reprimanded one of his illegitimate sons for daring to present an officer of this rank before him at a levee; and when Mr. Guthrie entered the military branch of the service, his position was scarcely less degrading. The Duke of Kent, the present English Queen's father, a few years before, looked upon surgeons as fit for no higher avocation than superintending his flogging matches; and before he was superseded for his absurd, not to say tyrannical, *martinet* discipline at Gibraltar, it was said he entertained serious ideas of causing the doctor's mates to exercise their ingenuity in the application of the tallow and common flour in which the British troops then indulged as a substitute for hair-powder and pomatum.

It is no small praise for Mr. Guthrie that, entering a profession thus degraded, he not only in the end invested it with respect but caused himself to be respected. Throughout the whole of the Peninsular war he served with distinction, and gained the confidence both of his brother-officers and men. He was never a favorite with the Duke of Wellington; for that old soldier had an equally stern surgeon attached to him in the person of a Dr. Hume, who followed him throughout all his

campaigns, and was preferred by him to the last, even though Sir Astley Cooper pertinaciously volunteered his services. Guthrie, however, was considered to be superior in professional attainments; and though many of his operations were bold, even to rashness—some said verging upon butchery itself—he was looked upon as the legitimate successor to the medical control of the army on conclusion of the war.

Yet, somehow or other, Guthrie, though he has invariably aimed well and drawn the bow most keenly, has never hit the mark. He was a high Tory and domineering in his politics; it was consequently not these which barred him from office. He was a bold and self-reliant man; no want of confidence therefore excluded him from the notice of the Duke of York, who presided over the British army as Commander-in-Chief. He was a fine-looking fellow; and this ought to have recommended him to the attention of his Royal Highness's mistresses, who then exercised the privilege of filling up most of the appointments. But Guthrie was poor, and this probably was the secret of his failure. He had not money sufficient to bribe these insatiable cormorants, and was of an address too brusque to gain their affections. He was accordingly passed over, and a more accommodating old Scotchman, the late Sir James Macgregor was appointed to the superior control of the army.

Baulked in his expectations of public employment, Guthrie entered upon private practice, to which perhaps he was not averse, as, though less certain in its results, it is often infinitely more lucrative. No head of any medical department in the English service enjoys a higher pay than about \$10,000 per annum, whereas several instances have occurred of private practitioners receiving fully ten times the amount. Sir Astley Cooper in his best days generally realized this; one or two members engaged in inferior branches of the profession, or "specialities"—as the eye, teeth, &c.—have exceeded it; and many still realize an income varying from half to three-fourths of the sum. But in no instance does the public pay exceed the amount we have mentioned; and Guthrie, who invariably had an eye to what is termed "the main chance," accordingly readily reconciled himself to private practice. He never, however, found it proportionately productive. Though his

waiting-room was generally filled with patients, they were almost invariably of an inferior order, and ill-natured members of the profession stated that he paraded three-fourths of the number as decoys. This, of course, proved fatal to Guthrie's reputation; for though Sir Astley Cooper and several others had resorted to the expedient, they possessed the merit of having never been found out. Even though he had half a dozen of genuine patients waiting for him, Cooper would religiously go through the ceremony of receiving an equal number of decoys, if they had been previously stationed in the room; and greatly would he laugh over his newspaper or with some snug friend in the interval at the gullibility of poor John Bull, who usually flocks on those occasions to the practitioner from whom he receives least attention and most of insolence. But Guthrie, unfortunately, was too eager to clutch the money; and so soon as it was understood that a *bona fide* patient, with a guinea in hand, obtained priority over the dozen of miserable wretches who were sitting in the room on his entrance, the whole affair fell to the ground. Upon this he resorted in a considerable degree to the custom of Abernethy, who was wont to insult every person that called on him, and found the practice quite as lucrative as Cooper's affected suavity. But Guthrie was destitute of the humor and the oddity that lurked in every word and movement of "glorious old John." He was also without the fearless and truth-telling disposition that distinguished his prototype; and, so far from replying to a Royal Duke that he would "see him in his turn," or bluntly telling a member of the British Peerage that he had "overeat himself," Guthrie, in common with nine-tenths of the profession, would have walked a mile on his knees to attend the one, or set off at railway speed to wait upon the other. Being thus evidently eager for practice (and possibly also in want of it), he never obtained it in any remarkable degree. In Britain, as well as elsewhere, success flows most upon those who seem indifferent to it, and nothing is more fatal to a man's reputation than either an eagerness for practice or a suspicion of being poor.

But in the course of forty years' experience Guthrie's practice necessarily has been great; and having been attached to an extensive London hospital—the Westminster—during the greater

part of that period, he perhaps at this moment possesses a more thorough knowledge of his profession, in its civil as well as military branches, than any individual in its ranks. Combining the two branches indeed, there is no one to equal him. Since the decease of old Larrey, he is the first military surgeon in Europe; Ballingall, Thomson, and a host of others, though knighted by court favor, or installed in professors' chairs, are mere imbeciles or tyros in comparison to him; and the long experience he has had in hospital and civil practice, since the conclusion of the great civil war in 1815, must have made him inferior to none whatsoever.

But his emoluments, as already stated, have not been commensurate; and hence Guthrie at an early period was induced to embark in one of the specialities of the profession. Observing that a German quack named Waller, followed by an Englishman named Alexander, made an enormous fortune as an oculist, Mr. Guthrie resolved on turning his attention to diseases of the eye, and was mainly instrumental in the erection of an hospital for their treatment. He possibly was more familiar with affections of the eye than either of these parties; for no disease has ever been more common with British soldiers than *Ophthalmia*—or, as the Irish soldiers termed it in Egypt, *Oh tell me*—and its various modifications. But he was destitute of the tact, the suppleness, and the court favor which these adventurers were masters of; and hence, though the hospital he founded may have been productive of advantage to the humbler classes of the public, this branch of the profession has never materially enhanced his own emoluments. The London fashionable world preferred following the example of the reigning king and royal family, who extended their patronage to the German and English charlatans. The stupid old King George the Third, so long as he retained his sanity, obstinately adhered to Waller: George the Fourth, in consequence of a miraculous cure effected upon a favorite horse, was for a moment inclined to swear by Wardrop; but this really scientific man being somewhat too much of a plain-speaker for a court, the Duke of Sussex, and other members of the race, patronized Alexander. His Royal Highness, in his age, was wont piously—or, as some thought, profanely—to “thank God and Mr. Alexander” pub-

licly for a temporary alleviation of a cataract under which he labored ; and Mr. Guthrie finding himself thus hopelessly excluded from the field, reverted to the more legitimate and comprehensive practice of the profession.

It was well for him perhaps that he did ; for though these "specialists," as they are termed, in England, frequently obtain a much more lucrative practice than far higher and abler members of the profession, it is the custom of the College of Surgeons to exclude them from any conspicuous position in its ranks. Mr. Alexander, and others of his order, if they even be surgeons at all, are reduced to their natural level so soon as they enter its portals. The humblest general practitioner looks down on them with comparative disdain ; and no one is ever elevated to any official dignity in the profession unless he be a pure surgeon. This feeling is perhaps carried to excess, and considerable has been the outcry there raised against the "pures ;" but it serves to exclude wealthy moths, and, in some degree, contributes to the cultivation of surgery as a science. Were merely fortunate adventurers admissible, a corn-cutter might become President of the College ; and, had Mr. Guthrie obtained success in his practice as an oculist, he would never have been raised to this elevation.

Guthrie has of course passed through the inferior, and scarcely less lucrative appointments of the College. He has been a member of the Council, and long was stationed in the Board of Examiners, whose duties it is to grant diplomas. In the old unreformed days of the College, some very handsome "pickings" were attached to these offices ; and a considerable share of the sum paid for diplomas goes to the Examiners still. Mr. Guthrie has been one of the most persevering members of this body, and often continues interrogating so long that, as he himself declared, he would find relief from exchanging places with the man who is breaking stones in the public square below ; but still we do not believe that he is a whit more mercenary than any of his associates. All of these close corporations in England, however, and their officials, have been notorious for venality and corruption ; and, though within a few years reformed, the Royal College of Physicians is not a whit purer than others of the order.

Independently of his distinction as a military and hospital surgeon, Mr. Guthrie has also sought fame as an author. In this capacity, however, he has not acquired any high reputation. He has published several volumes, and his work on "Gunshot Wounds" assuredly contains much valuable information. It is deservedly entitled to far higher rank than the productions of Ballingall, and other inflated imbeciles, who have written on similar subjects. But one glaring fault extends throughout the whole of Guthrie's works. Though one of the most precise and decisive of men in his ordinary elocution, he is the most confused and discursive of all existing writers. His sentences, as well as his books, have seemingly neither beginning, middle, nor end. He plunges at once *in medias res*, but is in other respects wholly oblivious of the rules prescribed in Epic poetry. The injunctions concerning every-day composition and common English grammar, as prescribed by William Cobbett and Lindley Murray, he appears to hold in equal contempt. At the end of one of Mr. Guthrie's interminable paragraphs, it would be wholly impossible to say whether he was alluding to himself, his patient, or the reader who is doomed to the hopeless task of wading through his pages, and endeavoring to discern the purport of his remarks.

As a lecturer, the same confusion of language, though not of ideas, characterizes Mr. Guthrie. He is conscious indeed of his own deficiencies, and either never attempts a regular address, or is too careless to write one. He confines himself generally to a clinique, and, when delivered in the operating theatre, it was one of the oddest of lectures. Aware of his own imperfections, and that the students laughed at them, he usually cocked his hat, and looked fierce at his audience, on entering the room. This, however, was in the days of his zenith; and he would instantly launch into the subject, and entangle himself for an hour in a labyrinth of confusion—his beaver remaining must defiantly perched over one eye to the last. But all is now changed; and if the old man of late years has ever ventured on a remark at all, it is in the most subdued tone, evincing a want of force which is positively painful. In public his appearances are still more distressing. The last time he was summoned out—in some libel case of Mr. Wakley's—the once bold

and boisterous surgeon refused to open his lips, or to pronounce an opinion, unless, as he said, a dead man, interred twelve months previously, were "placed before him." He was evidently in his dotage, or domestic affliction had pressed heavily upon his head; and even his former enemies sympathized with him, when the court, probably ignorant of the cause, peremptorily ordered him to withdraw.

In his person, Mr. Guthrie was one of the finest-looking of men. Tall, handsome, and vigorous in figure, he had a face eminently striking and expressive. His visage was dark, his features were prominent and elegantly chizelled, his black eyes keen, his lips compressed. A look satisfied all that he was not only a shrewd man, but that he knew himself to be so. The higher expression of intellect was wanting, and it was evident that Mr. Guthrie's thoughts were concentrated exclusively on himself. This intense egotism, with his domineering habits and dictatorial propensity, rendered him long unpopular, both with the profession and public. But it was perhaps engendered by early disappointment and comparative neglect. He has been doomed to see himself condemned—men his inferiors far placed over his head—and the general feeling now in England is that Mr. Guthrie is an injured man.

Quacks vs. Regular Practitioners—Duties of Medical Societies.

MR. EDITOR:—Professing to be one of the number who believe in "Prove all things, and hold fast to that which is good," I desire to consider the course adopted by regular practitioners in reference to investigating the systems and theories of irregular practitioners. These views are offered more particularly to examine the proceedings of the New York Academy of Medicine at their meeting of December 5th, 1855, at which time I had the pleasure of being present. A member suggested that inasmuch as the public mind is at the present time greatly agitated on the subject of "Electro-Chemical Baths," a committee be appointed to examine the subject, and report to the Academy the result of such an investigation. He stated that a cer-

tain "Professor" of "Electro-Chemical Baths" in Brooklyn had announced that he had operated on the well-known "Blue Man," and that such parts of his body as had been under the influence of the baths were perfectly cleansed, and had become of a natural color; but he concluded by saying that he had very lately seen the "Blue Man," who denied *in toto* the whole affair. The parts of this man's body which are covered by clothing have always been of a lighter hue than the portion exposed to the light, and they remain so still in spite of the baths and the professor's statement. The subject was now before the Academy. The older members immediately repudiated the idea of touching the unclean thing, and scouted the baths as "Vile Quackery, on a par with Inhalation and Homœopathy," and utterly opposed the appointment of a committee to serve such low purposes. In short, the whole affair was laid *under* the table, and indefinitely postponed. Now, Mr. Editor, I must humbly declare that I think the Academy wrong in this matter. As a general thing, it is policy to lay open and expose the faults and fallacies of an enemy, and thus destroy him. The Academy deems innovation as an unworthy and ignoble enemy, and, therefore, disdains to regard it. The medical profession pretend to have the welfare of mankind above all things most at heart. Now, they think these innovators, by their practices, are constantly injuring and endangering the lives of the dear public. Therefore, I ask why ought not the Academy fearlessly to examine any and every species of so-called "Quackery," and decide on the merits and demerits of each case. Probably not one member of the Academy knows anything about these baths; at all events, no one acknowledged this much. Why, and how, then, can they declare them a "Vile Quackery?" If they had examined the affair, and proved it to be so, it would then have been most worthy of them; but as it now is, I contend they acted most unfaithfully to themselves and to the public. The non-medical public is wonderfully susceptible to the fair promises of "Irregular Practitioners." In their simplicity they believed that by inhaling certain vapors they could ward off the destroyer; and now some are having faith that if they wash in certain baths they can be relieved of all the mercury and destroying minerals which the "Regulars" have been pour-

ing into their systems since their birth! I am confident, if the Academy of Medicine had scientifically examined the system of inhalation, when it was first announced in New York, and then, if it had been proved to be a quackery, so declared it to the world, that the public would long ago have ceased to patronize the system. But as inhalation has flourished, so will also electric baths, unless they are proved to be useless by those able to judge of their merits. It has often been the case that real truths have been put down for a long time by those entirely ignorant of what they decried. Who was it that for so long a period endeavored to crush Jenner and his theory? Did not physicians say and declare to the public, that if they allowed vaccine from the cow to be introduced to their systems it might cause *horns* to grow from their bodies?! The profession is now, as it was then, too illiberal. Truth ought never to fear to meet and combat a supposed error, nor ought one man, or any body of men, to declare *prima facie* that anything is false until it has been proved to be so; and any body of men too aristocratic and too dignified to investigate a subject which has been written about in the medical journals of this and other countries, and has been discussed by the academies of Great Britain and the continent, surely are shirking most ignobly and evasively a duty they owe to themselves, and to a public so easily led away as ours is, by the many forms of charlatanism now flourishing among us. I am no believer in these baths, for I know nothing of them, but I feel that every man should examine a thing before he disapproves of it. A member so detracted from the dignity of the Academy as to remark, "That the Academy of New York could not afford to examine such subjects, even if the Academy of Paris had done so," I cannot see why, and I must contend that the public has a right to expect of medical bodies the examination and consequent approval or refutation of all theories which so concern human welfare. When this is done, quackery will be stripped of its garb of secrecy, and the glorious sun of true science shine more favorably on the medical world.

VERITAS.

New York, December, 1855.

Yellow Fever, considered in its Historical, Pathological, Etiological, and Therapeutical Relations; including a Sketch of the Disease as it has occurred in Philadelphia from 1699 to 1854. With an Examination of the Connections between it and the Fevers known under the same name in other parts of Temperate as well as Tropical Regions. By R. LaRoche, M.D., Member of the American Philosophical Society, of the American Medical Association, Fellow of the College of Physicians of Philadelphia, &c., &c. Philadelphia: Blanchard & Lea. 1855. 2 vols., 8vo.

So much has been written upon the subject of Yellow Fever—so many speculations have been advanced as to its cause and the means of its prevention, during the last few years—that these two ponderous volumes seem to be an uncalled-for burthen upon the medical reader. The feeling, however, of distaste for such bulky works upon any one subject, will be exchanged in this instance for admiration, as the reader passes through the various chapters of these volumes, and finds all subjects connected with the one in question so admirably treated upon, and the various opinions of foreign and domestic writers so ably epitomised and brought into relation.

In a late Number* of our Journal, we presented to our readers an analysis of Dr. Barton's Report upon the Cause and Prevention of Yellow Fever. That Report viewed but one side of the subject, the facts and arguments of which were elicited by the demands of a Corporation, whose aid was given to the accumulation of the data upon which the report was based. In the volumes before us, we find the results of the unaided labors of one individual, who, searching the histories of epidemics of yellow fever in other localities than that of the city whose historian of this fever he has here constituted himself, investigating the recorded facts of centuries, has approached the characteristics of each epidemic to the other—has identified them with each other—has arranged the views of each observer in a categorical order, and by this means has presented one of the most complete treatises upon yellow fever with which American medical literature is enriched.

The wealth of documentary materials which the author has had at his command, and from which he has selected the most important elements, can be judged of by casting a glance over the extensive Bibliography of Yellow Fever, comprising forty-five pages, which

* November, 1855.

precede the text of the first volume. The numerous references to authors, at the foot of the page, speak for the fidelity of quotation or reference ; and the masterly manner in which the crude materials are approximated and arranged, confirm us, upon every additional page, in the opinion that these volumes constitute the most complete digest upon the subject in our language.

There could hardly be a subject more attractive to a medical philosopher and writer than this one. The vexed questions of contagion and quarantine are so intimately connected and associated with the very mention of this disease, that no one can discuss it without being forced to avow his conviction in relation to the one or the other. This, too, becomes a question of a great public character—one by which nations are, as a body, affected, and in which the remotest portions of our country are interested, however exempt they may be from the possibility of being stricken by the fever. In the course of our analysis of this work, we shall see that these collateral subjects are treated upon at large, and that the arguments pro and con are fairly presented and justly weighed.

The scope of this work is very extensive, and the style of argumentation and writing is very fascinating and agreeable to the student, who cannot fail to be gratified by the analytical manner in which each proposition is presented and sustained by the host of authority quoted. We have had occasion to congratulate ourselves and the author of these volumes upon the conciseness of his arguments, and the pertinancy of his reasoning, when we called the attention of our readers to a previous work from his hand. These volumes have a higher reach and more ambitious aim than the one upon Pneumonia ; and while that was a great addition to our medical literature, the present must be considered as a striking instance of well-directed labor most happily accomplished.

The fevers which, at different intervals, from 1699 to the present time, have raged as epidemic in Philadelphia form the basis of this work, or, as the author has expressed it in his preface, have served "as a central point towards which facts connected with the fever, as manifested elsewhere, converge ; in other words, to use a homely expression, as a hook upon which to hang a dissertation on yellow fever generally, its symptomatology, its anatomical characters, its pathology, its treatment, its etiology, and the laws by which it is governed." All the requirements of a thorough investigation of the subject are herein expressed ; and, commencing with this intention, we cannot be surprised that the work should have grown, under his

hands, into the present extended monument of his earnest zeal and untiring industry.

The first hundred pages are given to the consideration of the topography, climate, and the change in population of Philadelphia during the last century and a half, with a historical resumé of the epidemics of the fever occurring during the same period of time in that city. We must omit any further mention of this part, reserving our space for the more highly practical portions of the work which follow.

Commencing, then, with the history of yellow fever, we are told that its aliases are almost as numerous as the countries in which it has appeared are diverse. It frequents from preference low, flat and level countries, and is not observed above a certain elevation, though what that point may be is not satisfactorily determined. It embraces in its extent a vast region of the earth's surface, clinging rather to the Atlantic coast of our own hemisphere, rarely having been observed upon the Pacific coast. In the classification of this disease, after considering those of other authors, Dr. LaRoche gives preference to that of Dr. Wilson, who mentions two species, the inflammatory and congestive, each with its different grades, according to the severity of the symptoms, and each merging into the other in such a manner that a strict classification becomes difficult.

In several succeeding chapters the symptomatology of yellow fever is at first discussed generally, and then its phenomena are separately examined. Our space will not permit us to pass in review with much detail the various symptoms observed in this disease, nor to follow to any extent the careful examination which the author makes of the appearances presented by the circulatory and digestive system.

These chapters are worthy of especial attention, and their value inclines us to dwell upon them, but the vast amount of matter to be analysed will only permit us to designate some of the most particular features.

As we have already observed, the fever, as it has occurred in Philadelphia, has been the starting point in these researches. Those which have occurred in other localities have presented the same general symptoms, the same striking peculiarities, so that yellow fever, wherever it arises, is considered identically the same. It is true that the symptoms of one epidemic are not in all respects the same as those of another, nor are all persons, during the same epidemic, in the same locality, similarly affected. This is true of every disease, and does not affect the question of identity of yellow fever, for some

marked phenomena are always present, which will characterize the disease, and serve as diagnostic signs. The symptoms which mark the invasion of this disease are no more constant in every epidemic than are those of the disease itself. In some instances, the first premonition is the actual presence of the fever; in others, hours or days will pass with a series of phenomena evident, which foreshadow the approach of the fever. These premonitory signs are very various, but a feeling of *malaise*, such as precedes bilious or gastric fevers, is always complained of, whatever other peculiarities may be present, affected by the individual locality, or character of the epidemic. This is, however, not pathognomonic, nor can any premonitory symptom be so considered. In most epidemics, the invasion of the fever is marked by a chill, but this, too, is subject to the law of exceptions. Yet, from the numerous authorities quoted, a certain degree of chilliness, oftentimes amounting to decided rigor, is given as the usual mode of invasion. The fever sometimes comes on in the day time, but most frequently at night, and by one observer it has been remarked, that the hours of 6 A. M., and 6 P. M., were the most favorable to the seizure.

The blood has always been viewed as a matter of especial investigation during the progress of yellow fever, and has been examined at all and every stage of the disease. It has been uniformly found changed, but variously, according to the stage of the disease, and the circumstances which alter the symptoms of the epidemic. Our author thus sums up his views upon the changes of the blood, as they have been deduced from his own observations and the collected authority of other writers. "These facts and statements," says he, "can leave no doubt in our minds that the blood, in the yellow fever, approximates, to a great extent, to the condition it presents in other pyrexia of the zymotic class. It exists in varying degrees in all malarial diseases, from the simple intermittent to the malignant remittent, as well as in typhoid, typhus, and relapsing fever, to say nothing of cholera, the plague, and eruptive fevers. * * * * * That it manifests in the early stage of the disease—in some cases, at least—as it does in other forms of malarial fevers, little or no change from its normal state, may be true; but in a great number of instances, it undergoes, even at a very early period, alterations of the most important kind, in its chemical composition and physical character, no one can deny. The fluid is in that state which has received the denomination of hypinosis, and in the worst and malignant cases reaches that denominated spanœmia. The fibrin is frequently less

than in healthy blood, or, if it amounts to the normal quantity, its proportion to the blood-corpuscles is less than is found in a state of health. In the early stage of uncomplicated cases, this element is never augmented; sometimes it is in natural quantity, often diminished; but, whatever be the proportion of it at first, the quantity decreases as the disease advances. The blood, from this circumstance, has a tendency towards a state of dissolution, or that which, at a period not very remote from our own, was designated by the name of putrid or adynamic. It presents all the characters resulting from a diminution of fibrin, imperfect separation of the serum and crassamentum, and, as a result of this diminution of the former, a dark-colored, large, flat, and soft or over-diffuent coagulum, or no coagulum at all. At the same time no albuminous coat forms, or, when it does, it is thin and soft, and consists of a gelatinous, parti-colored deposit on the clot, and the serum is more or less discolored from the coloring matter of the bile, or from dissolved hæmato globulin or blood corpuscles in suspension. While such are the changes that take place in regard to the fibrin, the quantity of corpuscles is either absolutely increased, or their proportion to the fibrin is larger than in the healthy state; and in addition, the quantity of solid constituents is also frequently larger than in the normal fluid."

The microscopical characters of the changes in the blood are not yet positively defined, nor have the chemical changes been satisfactorily ascertained. Many peculiarities are related, as observed by the microscope, among which is particularly remarked, the disposition of the corpuscles to form into rouleaux without passing through the intermediate stage of overlapping. In some instances chemical analysis has revealed a condition of acidity, which has been noticed by several observers. A deficiency in the saline ingredients has been advocated by some authors, and an increase in some instances, reported by others; while one investigator has ascertained, after numerous experiments, the presence of urea; and during the last epidemic in Philadelphia, a chemist of that city found the constituents of bile with a diminished quantity of salts in one case, and an increase of salts in another, but no urea.

Much, therefore, remains in relation to the blood, to be positively ascertained. Viewing the disease as the result of a specific cause, affecting the fluids of the system, it would be natural for us to look towards the blood as exhibiting some constant and never-varying change; but this, in the present state of our science, is denied us.

The resumé of our knowledge upon this point, by Dr. LaRoche, gives us a hope that still further investigations will enrich us with important facts, which will enable us to judge more correctly of this disease, while it at the same time shows us the discrepancy in opinion and the poverty of our present resources.

The same uncertainty exists as to any positive phenomena indicated by the pulse. There is a great difference in different individuals, and in different epidemics, as to the strength, fullness, and frequency of the pulse. Sometimes it is strong, full, and rapid ; at others, small, weak, and comparatively slow, though a frequency is most generally remarked.

Hæmorrhage is one of the striking characteristics of yellow fever. It occurs in this form of fever more frequently than in any other, and is perhaps a more constant phenomenon in all its grades than any other symptom. It proceeds from a greater variety of parts of the system than during the course of any other disease, either directly out by some of the natural openings of the body, or through the tissues into some part.

Dr. LaRoche divides the hæmorrhages occurring in yellow fever into external and internal. The first are described as taking place by the skin, nose, gums, tongue, and mouth ; fauces, pharynx and œsophagus ; eyes, ears, stomach, bowels, and anus ; genito-urinary organs, uterus, lungs, wounds, sores, and denuded surfaces ; while the internal hæmorrhages are by petechiæ, ecchymosis, and sub-cutaneous and inter-muscular hæmorrhages. In some epidemics hæmorrhages from one part occur, which are not witnessed in another ; and again, in one season, they tend towards a favorable issue of the disease, while in another, they hasten on the fatal termination.

The skin furnishes some of the most uniform and peculiar symptoms observable in yellow fever. It is from the appearance of the skin that the disease takes its name. In addition to its color, it presents variations as regards temperature, its secretions, sensibility, and odor. Most of the authorities quoted by Dr. LaRoche speak of the hot, burning skin which comes on with the first stages of the disease, after the first coolness. This heat varies in intensity in different individuals, in some being very pungent, in others not much over the ordinary temperature. So, too, as regards its secretions, there is no uniformity ; while in most cases the skin is dry, in some it gives a greasy, unctuous sensation to the hand ; and again there is a great variation as to its sensibility, being very intense in some, and obtuse in others. A disagreeable odor, though remarked by very few

writers, has been discovered by our author, and has aided him in some instances to form a diagnosis. The morbid changes in the color of the skin, however, is the predominant sign furnished by this tissue. This varies in different stages of the disease. After the very commencement of the disease the skin is usually pale, but soon it becomes red, particularly upon the face. "So common, indeed, is the unusual redness of the skin," says our author, "and so peculiar and marked is the degree it attains, that this symptom has commonly, and very properly, been viewed as pathognomonic of the yellow fever, and may alone, in many cases, indicate to an experienced eye the real nature of the disease, or, if not alone sufficient for that purpose, will ever be regarded in the light of a most important diagnostic sign.

The yellow color of the skin, which is usually associated in our minds with this fever, and which we naturally suppose from the name to be a constant attendant upon this affection, is not pathognomonic. The jaundiced appearance is not always present; on the contrary, it is frequently absent, and in some cases the fever runs through its course without the skin presenting any discoloration of this kind. Other diseases, too, have this peculiarity equally observable during their progress, so that it cannot be esteemed as peculiar to yellow fever. This phenomenon, however, is more frequently seen in fatal cases than in those which recover, and its intensity of shade or hue varies with the period and grade of the disease, the temperament of the patient, and the natural color of the skin. Without attempting to present an analysis of this very interesting chapter, we shall simply refer to the remarks of our author upon the relative merits of the two theories as regards the cause of this discoloration. The arguments of the conflicting theories—the bilious or the sanguinous—are fairly presented, but in the opinion of our author each seems to be inadequate by itself, to account, under all circumstances, for the appearance of this phenomenon. Rather favorably disposed towards the sanguineous theory, he yet shows some hesitation in adopting it in the statement, that he is "not sure that, in the present state of our knowledge, we are justified in adopting it in all instances, to the exclusion of the other, and to refuse our assent to the fact that the yellowness which occurs in the yellow fever is sometimes, if not often, connected with a particular derangement of the biliary organs, or a modified condition of the hepatic functions, and is therefore allied to ordinary jaundice." The advocates of the theory that it depends upon some disposition of the blood believe that it is "a result, in part, at least, of a yellowness of the serum, arising from a

colliquation or dissolution of the red globules ; its separation from these, and admixture with their coloring matter, and subsequent effusion under the cuticle, or, in great measure, of an *error loci* of the diseased globules in the white vessels, or the cellular tissue, as in ecchymosis ; in other words, of the existence of a congestive state of the sub-cuticular capillary net-work, akin to that occurring in the mucous membrane, and giving rise to hæmorrhages." To both of these theories strong objections are raised, and both are advocated by a host of writers, yet it would seem that both are right and both wrong, for experiments have disclosed the presence of bile in the serum of blistered surfaces, and yet the peculiar tinge did not seem owing to this alone, but to the presence of the altered blood, so that a union of the two theories would appear to be the correct rationale of this symptom.

In addition to these, the skin exhibits other changes, some of which have already been spoken of incidentally, as external hæmorrhages, while others appear in the form of boils, carbuncles, abscesses, and various forms of eruptions, in different parts of the body.

Passing from these, Dr LaRoche reviews at length the symptoms presented by the digestive organs. It is under this heading that he brings together most important material upon the subject of black vomit. We must forego any lengthened mention of the nausea which is so frequently met with in the early stages of yellow fever, either attended or not by vomiting, and can only refer to the general gastric disturbance, as evidenced by a sensation of heat at the præcordia, hiccup, eructations, and vomiting. The symptoms, too, which are furnished by the intestinal canal, we shall have to pass in silence, in order to give a more detailed summary of the interesting facts and remarks collected in the two chapters devoted to the discussion of black vomit.

There is no symptom which can arise in the course of this fever which creates more alarm than the appearance of that ejection from the stomach known as black vomit. So peculiar is this symptom, that by many it has been regarded as pathognomonic of the disease ; and some, says Dr. LaRoche, have denied the possibility of diagnosing the disease, unless black vomit be present, while others affirm that, when absent, the disease cannot be said to be true yellow fever. But this is not the fact, as abundance of testimony proves. It cannot be considered as the symptom *par excellence* of yellow fever, as it occurs in not only many other diseases allied in character to yellow fever, but in affections having no relation to it whatever.

Nor is it a constant phenomenon to be met with in all cases of this malady ; for, in some instances, the fever may pass through all its stages attended by all the usual symptoms, with this exception. Its presence alone, then, in ordinary cases, cannot be relied upon as irrefragable proof of the identity of the fever, nor yet from its absence can we decide that we have not to do with this disease.

Black vomit occurs late in the course of yellow fever, and is in reality more a termination than a symptom, for this ejection is regarded as a fatal sign ; the great majority of those in whom it is witnessed fall victims to the fever. It usually "makes its appearance at the opening, or about the middle of the second stage of the disease ; sometimes at the decline of the first stage ; occasionally, but rarely, during the first or febrile paroxysm." Although regarded as a most unfavorable sign, still many cases do recover after the appearance of this discharge, and the generally received opinion is, that the prognosis is more unfavorable the greater the quantity and the darker the color of the ejected matter. Slight discharges at first seem to relieve the symptoms at the stomach, and no effect is apparently made upon the strength of the mind or body of the patient. Unless the vomitings be continued, the patient may recover, but if repeated often, the fatal issue is sure to come.

"The black vomit," says our author, "notwithstanding its name, is rarely of a black color. As seen in this city, it is more frequently of a dark brown, bistre, chocolate, or amber hue. In some instances the color approaches to a dark slate, or to a muddy claret. It is of two kinds. The one consists of a number of dark, flaky particles, which have been not inaptly compared to butterfly or bees' wings, and which assume gradually the appearance, with more or less distinctness, of the grounds of coffee, of soot, or finely-powdered charcoal, floating in a quantity more or less considerable of thin, glairy fluid, bearing a slight resemblance to a weak infusion of flaxseed or green tea. The other form is more homogeneous in character, and presents the appearance of dark-colored, inspissated mucus or thin tar, or a thick mixture of molasses and water."

From whence proceeds this discharge, and what is its character ? This has been a subject of much controversy between the different adherents of the sanguineous or bilious nature of the discoloration of the skin. It has been advocated that this discharge was nothing more than bile, changed somewhat in its character, and mixed occasionally, though not always, with blood ; or yet, that it was altered bile thrown out by the liver in this vitiated form. Others again have

advanced the idea that it was a morbid secretion of the inflamed vessels of the stomach, or the mixture of the black bile of the gall bladder with the fluids of the stomach. The theory now most favorably received by those acquainted with this disease, and to which our author inclines, is that it is a hemorrhagic effusion from the capillary vessels of the mucous coat of the stomach and bowels; in other words, of blood,—real, though somewhat modified in its texture. The agent which acts upon this effusion is an acid, the product of a diseased stomach; and the different characters which are observed in this effusion, can be accounted for by the manner in which this acid is brought to bear upon the discharge, or the manner in which this effusion is poured out, as well as the effects upon the blood by other contents of the stomach.

The many arguments advanced by the advocates of these different theories, are stated, and their value justly weighed. In addition to those which have heretofore been offered in support of the theory representing it to be altered blood, the evidence of a host of our best microscopists is given, with their analysis of this discharge, and all agree that the sedimentary portion of the black vomit is composed almost entirely of blood corpuscles in various stages of degradation.

With equal minuteness, and with equally wonderful research, Dr. La Roche examines all the symptoms which are ever present during the course of this disease. After exploring all the data in relation to its pathology, its anatomical character, the complications which may arise, the subject of critical days, of convalescence, and relapse, he devotes many pages to the consideration of the important subjects of prognosis, and diagnosis, with which the first volume closes. We shall have to pass these over without a word other than that of commendation.

In discussing the etiology of this fever, Dr. La Roche wanders from the beaten track of predisposing, exciting, and remote causes, and investigates the influences which may produce this disease, as depending upon the individual, as resulting from hygienic causes, from contagion, and from infection. Under the first head is reviewed the subject of acclimatization, or the conditions under which certain individuals enjoy an immunity from this disease. The views expressed here do not in any important respect differ from those which we drew from the excellent report of Dr. Barton. No person seems entirely exempt, though statistics have shown that native born citizens, who have not been removed for any length of time from the local influences, are least susceptible, and the ratio of immunity is inversely to

the distance north from the seat of the affection. Females are not as liable to take the fever as males, and individuals of both sexes in middle life are sooner affected by it than either extreme of youth or age, and, as a general rule, it has been observed that, under the same circumstances, the negro race is less likely to be attacked than the white. Those too who have once had the fever, are supposed to enjoy a freedom from another attack, yet instances are brought forward where some individuals have been afflicted two or three times; as a rule, however, it may safely be asserted that he who is once prostrated by this terrific disease, need fear no further danger from it.

Among the causes depending upon the individual, are cited the passions and emotions. Fear has always been considered as one of the most depressing influences which favor the eruption of fever. A panic in a neighborhood where this disease has appeared is always followed by the saddest results. Excessive emotions of any kind, whether of joy or grief, despondency, anger, venereal excesses, intemperance in eating or drinking, hastens its development. Dr. La Roche illustrates all these propositions by numerous instances drawn from his extensive resources.

The hygienic causes are considered under the title of *circumfusa*; and are enumerated as resulting from temperature, light, electricity, the hygrometric conditions of the atmosphere, and wind.

Heat is one of the most effective causes in the production of tropical fevers. Yellow fever is without doubt a product of hot climates, and yet authorities are mostly in accord in denying to this element alone the power to elicit exactly those influences which give rise to this disease. A certain degree of heat is, however, necessary; but an excessively high range of the thermometer is not needed to arouse the other causes which are requisite. In fact, a too high temperature will cut short the epidemic of yellow fever. This fact is particularly stated by Dr. Barton also, who says that a temperature above 90° is too high for its production, while an average tropical temperature of 80° , continued a considerable time, with other concurring causes, is essential to its production.

How far light and electricity are influential as meteorological causes, is more a matter of speculation than of positive proof. That light does have some effect is undoubtedly true, and this view is sustained by strong analogies, and that electricity has a potent influence in bringing about certain atmospherical changes which favor the development of yellow fever can scarcely be doubted.

Dr. La Roche, however, does not agree with Dr. Barton in esteem-

ing the barometric changes in atmospheric pressure as having any further influence than "placing the system in such a condition as will predispose it to the deleterious impression of some more efficient cause."

Humidity, which has always been regarded as one of the most efficient causes of yellow fever, is treated upon at great length by our author. It is well understood that tropical countries show a greater degree of moisture in the atmosphere than the temperate zones, the proportion increasing as we approach the equator, where this class of fevers arise, and decreasing gradually as we draw near to the colder regions, where this affection never shows itself. The observations of Dr. Barton, which we have already given, are very full and interesting upon this subject, and carry with them a great deal of authority. Whereas Dr. Barton attributes a powerful agency to a high dew-point, combined with heat, in the production of yellow fever, and believes that its development will not take place without this combination, Dr. La Roche, at the same time that he admits that fever is generated by such a union of phenomena, does not consider their presence altogether essential to its production. According to Dr. R., the disease often breaks out, spreads widely and fatally, though the atmospheric conditions in question are not carried to the degree deemed requisite by Dr. Barton.

The agency which winds have in producing or disseminating fevers, Dr. La Roche presumes to depend upon their influence in placing individuals in a position to be acted upon by the efficient cause, or by arousing in them the development of the disease. Winds too, favor the elaboration of its cause, and its propagation from place to place. No particular wind can be designated as the sole agent of this kind. In different localities different currents of air are attended by the development of the febrile symptoms, so that no reliable indication can be drawn as to the cause of this malady from the character of the wind. Dr. La Roche, therefore, does not consider a high degree of heat long continued, nor the presence of a great degree of humidity in the atmosphere, nor the prevalence of any particular wind, as being alone, or together, sufficient causes of yellow fever.

In the following chapters he discusses the subject of an efficient and immediate cause, and with the minuteness of research which characterizes his whole work, seeks in all the authorities at his command data from which he can deduce the evidence of such a cause, and by which he can ascertain its nature. This subject introduces that of contagion and non-contagion, which has always been a point of the

warmest discussion among medical philosophers. There have been two ways of explaining the origin and mode of propagation of the fever:—by contagion and infection. Some writers consider these identical in kind, differing only in degree. Dr. La Roche thus explains his meaning of these two terms. By contagion he means, "a poison, effluvium or emanation, generated by morbid secretion in the course of a distemper, and possessing the power of inducing a like morbid action in healthy bodies, whereby it is reproduced and indefinitely multiplied, whether by contact, near approach, or the medium of external bodies impregnated with it. By infection, on the other hand, the reader will understand that power or poison which results from the decomposition of dead animal and vegetable substances, or other putrescent materials, if such exist, and through means of which a morbid state is induced in the system of individuals exposed to its action."

The arguments which support the contagious character of the yellow fever are collected, analyzed, and concisely stated by Dr. La Roche, and their full weight of authority is given to them. Not, however, an advocate of this manner of accounting for the origin and propagation of the fever, Dr. La Roche proceeds to establish by counter arguments its non-contagious character. These arguments, *pro* and *con*, are so extended that we cannot give even the briefest epitome of them, but we would especially refer those who are interested in this subject to the chapters containing this discussion. The pages which comprise them must always be considered as a standard contribution upon the subject, and will serve as a valuable work of reference to other authorities.

Our author finds the doctrine of infection applicable to yellow fever, and confirmed by all the facts which he has brought together in this work. "The agent of infection," he says, "usually exists in the state of gas or miasm, and as such, occurs in filthy localities—houses, ships, jails, hospitals, and cities—as well as in marshes, and fenny and low districts of country." Whatever this agent may be, though undoubtedly of miasmatic origin, it is different from that producing other fevers which are occasioned by malaria. For though it has been maintained that yellow fever, as well as remittent and intermittent fevers, are the effect of a like miasm, it is well known that while the effluvia producing the latter ascends to a considerable height, the poison of the former keeps close to the ground, and never rises to any great distance from its surface. That this malaria, arising from decomposing vegetable substances alone, has been sufficient to

produce the fever, has been satisfactorily ascertained, but that animal decomposition can also by itself occasion it, our author is not disposed to believe. The union of the two, however, may, he thinks, add an increased virulence to the poison. Our author believes in a specific cause, "but in what it consists, and to what it is due, are points which, so far, have not been positively ascertained. As far as regards the disease before us, as well as every other of an epidemic kind, we must rest satisfied with the fact of the existence of a secret power residing in the atmosphere, and which, under certain contingencies, operates injuriously on all individuals exposed to its influence, promotes the generation of morbid poisons, and imparts a special character to the prevailing disease."

We must pass over the treatment, to say a word upon the prophylaxis of this disease, which includes the subject of quarantine. Viewing this fever as of miasmatic origin, and arising from local causes, the author of this work deems it "indispensably necessary to effect the removal of all local nuisances, before the accession of hot weather—of everything likely to prove a source of infection or exhalation, and thereby to generate or aggravate the fever. We are entirely of accord on this point, and cannot but look upon the officers of our city government, who having the power to remove from our midst the local causes of this most fatal disease, yet from sordid motives argue themselves into the belief of its contagious nature, and even would seem to be convinced that filth of all kinds were preventives of the disease—we cannot but look upon such officers as guilty of the greatest crime.

Upon the subject of quarantine, Dr. La Roche thus expresses him self: "After what has been said in former chapters relative to the mode of origin and propagation of the yellow fever, I need scarcely say that quarantines, as at present organized, can meet with no favor among individuals well versed in those matters. They are based upon the assumption of the contagiousness of the disease, or on an hypothesis equally groundless—the transmissibility of self-propagating germs—and hence may have suited at the origin of their establishment, when the belief in the spread of this, as of other kindred diseases, through means of contagion, was almost universal among well-informed professional men. But as I have shown, sentiments have since somewhat changed; and it must be admitted that against a disease not endowed with such properties, whether applied to goods, clothes, or the sick, and especially to individuals in health."

This opinion is certainly gaining ground with all professional men

who have attentively considered the subject. Nor is this unsustained by facts, as the past season sufficiently shows; for notwithstanding the most rigid quarantine, the fever took its origin in and spread with frightful rapidity and unusual severity, through Natchez and the circumjacent country, while other places, adjoining affected localities, had no appearance of the fever, although no reliable quarantine was established. In our opinion, exemption from the disease must be secured by proper hygienic measures thoroughly carried out,—by the removal from our midst of all the localising conditions,—all the elements which can produce and foster this or kindred diseases.

Dr. La Roche's work, it will be seen from this, is a complete transcript of all opinions upon every subject connected with that of yellow fever. At the same time that he brings forward conflicting theories, and states with the frankness and fairness of a truly scientific author, all the arguments which can support an opinion contrary to his own convictions, he does not hesitate to give his own, which, from the experience he has had during the epidemics in Philadelphia and elsewhere, as well as his acquaintance with ancient and contemporaneous literature of the subject, must be of great authority. From both these circumstances, therefore, these volumes have their value, and on account of the richness of the materials here furnished, as well as the ably drawn conclusions, we rank it among the highest of the contributions which medical literature has received from an American author.

J. H. D.

The Obstetric Memoirs and Contributions of James G. Simpson, M.D.
F.R.S.E., Professor of Midwifery in the University of Edinburgh,
etc., etc., etc. Edited by W. O. PRIESTLY, M.D., Edinburgh; and
HORATIO R. STOREY, M.D., Boston, U. S. Vol. 1., pp. 756.

To Prof. Simpson are we indebted for more improvements in obstetric medicine than to any other man of the present age. The greater portion of this handsome volume has appeared in the British journals of medicine, and has been republished in the American journals. As the American edition truly says: "The pages of our medical journals, for many years past, show with what avidity his opinions have been revered; the changes that have come over our practice, the extent and celerity of their adoption." But like all progressive men, Prof. Simpson has met with opposition, often of the

most violent character. For example : in the proceedings of some of the London societies, we have seen reports of papers by Mr. Robert Lee, which seemed to have no other object than the annihilation of Prof. Simpson. We had formerly regarded Dr. Robert Lee as a zealous, honest, and somewhat useful laborer in the same field ; but for the last four or five years we have been in doubt whether he was insane or only wicked. To us, on this side of the Atlantic, who have no knowledge of the motives which prompted him, his papers on the use of the speculum, the uterine sound, the intra-uterine pessary, and on the use of chloroform in midwifery, have seemed like the mere expressions of personal hatred towards Prof. Simpson, Mr. Henry Bennet, &c., rather than as scientific discussions of the subjects enumerated, with an honest desire for truth. While we do not forget that Dr. Lee has in his day contributed somewhat to the elucidation of the pathology of phlegmasia dolens, we do not hesitate to say in this connection, that we have long regarded his "Lectures on Midwifery" as a work in which there is a great deal of bad teaching, his "Clinical Midwifery" as a record of a great deal of bad practice, and his assumed discovery of the development of the nerves of the uterus during pregnancy, as humbug. We learn from the preface of the American editor, that in 1840 Dr. Lee was a competitor for the chair in the Edinburgh University, which Dr. Simpson now holds. This is a most significant fact of which we were before ignorant.

Influenced by the supposed position of Dr. Lee, there have been some in this country, as well as in Great Britain, ready to adopt his views and echo his sentiments. But the most of the innovations in practice, proposed by Prof. Simpson, are now accepted by the mass of the profession ; and any suggestion from him, whether involving a question of diagnosis, pathology, or practice, is entitled to the most careful consideration. The profession now have the various essays and papers of Prof. Simpson brought together in one volume. We do not propose to discuss the various subjects contained in this volume, but merely to give our readers a general idea of its contents.

The work is divided into three parts. Part I. is on the Special Pathology of Unimpregnated Females ; Part II. The Physiology and Pathology of Pregnancy ; Part III. Natural and Morbid Parturition. Part I. commences with a lecture on uterine diagnosis. The diseases of the uterus are generically the same, as the diseases of other organs ; and the general principles of their treatment are also the same, the special modifications which they require not being greater than the special modifications that must be attended to in

applying any general principles to any other individual organ or set of organs. Dr. Simpson alludes to the error of exclusiveness in studying the diseases of the uterus and its appendages. One set of practitioners referring all diseases of the uterus to debility ; another set regard them as all arising from congestion or engorgement ; a third set look upon the general run of uterine cases as almost invariably inflammatory in their nature ; a fourth set seem to fancy all uterine ailments are produced by some mechanical displacement, as prolapsus, versions and flexions ; another set believe that these uterine diseases are all to be referred to the ovaries ; and another set still regard these supposed uterine, or ovarian diseases, as not at all uterine or ovarian in their origin, but in reality diseases of the general system. He then discusses the rational or functional symptom of uterine disease ; and, secondly, the physical, or anatomical signs and symptoms.

The rational symptoms of uterine disease are : 1st. Derangements in the functions and vital condition of the uterus itself. Thus the function of menstruation may become irregular in regard to the time of its occurrence, or the duration of its appearance ; or the quantity of the menstrual fluid which is thrown off ; or the nature of that fluid may vary ; and it may or may not be accompanied by pain and suffering ; and pain, if present, may be constant, or it may be spasmodic or paroxysmal. The mucous secretion may be increased or diminished in its quantity or quality, or it may be constantly or occasionally mixed with blood or pus. The function of conception may be interfered with, so that sterility is the result ; or the uterus may not have the power of carrying the fœtus beyond the second, fourth, or sixth month, the patient being subjected to a series of abortions, or premature labors. 2d. Dynamic symptoms in other neighboring pelvic organs. For example : pains about the bladder or rectum ; about the coccyx or sacrum ; in the groins ; or along the crest of the ilium ; and, what is exceedingly frequent, down the limbs, along the course of the crural or sciatic nerves. The functions of the bladder or rectum are often interfered with. 3d. Sympathetic pains in different and distant parts of the body. Reflex sympathetic pains, or neuralgias, are often so marked and severe as to draw away the attention of the patient, and even of the practitioner, from the real nature and seat of the original and primary malady. 4th. Derangements of functions in distant organs. The bladder is liable to be irritated and deranged in its function in uterine disease ; sometimes mechanically, but very frequently sympathetically. The intestinal canal is espe-

cially liable to be deranged in its functions in uterine disease. The nervous system becomes weakened or mobile, and supersensitive in most patients suffering under any protracted, and especially under any weakening form of uterine disease. 5th. The *states of general constitutional derangement* that may be found attendant upon uterine disease vary with the disease itself.

The means for physical diagnosis, that we may resort to in the detection and discrimination of the diseases of the uterus, and ovaries and neighboring parts, are—

1. The external or abdominal examination of the patient by sight, touch, auscultation and percussion.
2. The tactile examination of the uterus, ovaries, &c., by the vagina, or by the rectum.
3. That most important mode of diagnosis, viz., the simultaneous combination of the external and internal modes of tactile examination.
4. The use of the speculum.
5. The use of the uterine sound.
6. The use of the sponge tents, with the view of dilating the os uteri, so that the finger can be introduced into the cavity of the cervix, or the cavity of the body.
7. The chemical and microscopic examination of the discharges from the uterus and the vagina.
8. The employment of the exploring needle in cases of fluid collections, in order to ascertain the contents of such collection.
9. The adoption of anæsthetic agents, to relax the abdominal parietes, and enable us to practice the different modes of examination, in cases of excessive or neuralgic tenderness of the abdominal surface or vagina, &c.

In the use of the speculum, Prof. Simpson prefers that the patient be placed on the left side, in the usual obstetric position. We think the back a much more convenient position, and even less disagreeable to the patient. In 1843 Prof. Simpson first proposed the sound in uterine diagnosis. The value of the sound is stated in the following propositions: I. The sound increases, to a great degree, our power of making a perfect and precise tactile examination of the fundus, body and cervix of the uterus. II. The previous introduction of the sound facilitates and simplifies the subsequent vesical examination of the cervix uteri with the speculum. III. By the use of the uterine sound we may, in many instances of pelvic and hypogastric or abdominal tumors, ascertain the connection or non-connection of these tumors with the uterus. IV. The sound is capable of affording valuable diagnostic information, by enabling us to measure the length of the uterine cavity.

Our limits compel us to pass by without remark the valuable papers on the diagnosis and treatment of uterine polypi. In the removal of

the large uterine polypi, Prof. Simpson prefers excision to deligation. By referring to the April number of this Journal for 1855, it will be seen that we had adopted this method, for reasons therein given. We were then ignorant of Prof. Simpson's views on this point, but are gratified to find that we had arrived at the same result by a similar process of reasoning. Prof. Simpson's paper on "*Retroversion of the unimpregnated uterus*" was one of the first, and is to this day one of the most valuable that has been written on the same subject. In regard to the treatment of this affection by the intra-uterine pessary, we have not had sufficient experience to express an opinion as to its value. Among the other articles in the first part, we may mention as particularly valuable and interesting, the papers on "*Inflammatory and Non-Inflammatory Ruptures of Ovarian Cysts*;" "*On Injections of Iodine into Ovarian Cysts*;" "*Nature of the Membrane expelled in Dysmenorrhœa*;" and "*Eruptions on the Intestinal Mucous Membrane*."

In Part II. we have short essays on the "*Duration of Human Pregnancy*;" "*On the Appearance of the Areola as a Sign of Pregnancy*;" "*The Influence of the Death of the Fœtus on its Retention or Expulsion*;" "*The Treatment of Hæmorrhage in connection with Abortion*;" and the "*Inhalation of Laudanum for the Vomiting of Pregnancy*."

Five hundred pages of this work are devoted to the discussion of various subjects connected with natural and morbid parturition. The most important articles are on "*Turning as a Substitute for Craniotomy and the Long Forceps*," and on "*Placenta Prævia*." We propose to examine these subjects somewhat at length in a subsequent number of this Journal. It is hardly necessary for us to add, that we regard this book as the most valuable work on obstetric medicine which has been published for many years. We ought also to express our thanks to the American publishers, for bringing out the work in a style, as regards the typographical appearance, paper and binding, very like and quite equal to the Edinburgh edition.

B. F. B.

Principles of Comparative Physiology. By W. B. CARPENTER, M.D., &c., &c. 309 wood engravings. pp. 752. Blanchard & Lea. From John Wiley, N. Y.

A storehouse of knowledge, this is no less rich in that which interests those curious in the study of creative wonders. To the general

scholar it would richly repay the time spent in giving it a careful perusal, while to the professional it suggests many useful thoughts as principles of treatment of disease. Like comparative anatomy, comparative physiology brings many benefits, and that frequently, from unexpected sources. It is in the usual style of the publishers.

A Manual of Pathological Anatomy. By CARL ROKITANSKY, M.D., &c. Translated from the last German edition. Four volumes in two. Blanchard & Lea. From E. P. Rudd, 18 Ann-street, N. Y.

The name of the author is sufficient in an announcement of this book to preclude the necessity of any mention of its contents. Rokitsansky stands at the head of pathological anatomists, and his works take as high rank as himself. This translation, which has been made by Drs. Swaine, Sieveking, Moore, and Day, is the one authorized by the Sydenham Society, and is not only correct, but what does not always follow, is in good English. Pathological Anatomy lying at the foundation of all of the science of medicine, and of all intelligent treatment, this book, by one of its masters, is a necessity to every practitioner.

Clinical Lectures on Surgery. By M. NELATON. From Notes taken by Walter F. Atlee, M.D. J. B. Lippincott & Co. pp. 755.

This is a publication of Dr. Atlee's notes without, if we understand it, any revision by the lecturer. They therefore contain the excellencies and defects of such notes being doubtless correct statements of what was said, perhaps not always of what should have been said. The arrangement is to collect from the three years' notes under the same head, cases of similar pathological lesion, though sometimes a case is classified with others, for the reason uniquely given by the author, because "it was *not* one of them." The collection is an agreeable one to read, and properly used may be of great service to the practitioner. In its externals also it is to be approved.

Pronouncing Medical Lexicon. By C. H. CLEAVELAND, M.D. Long-
ley & Brothers. pp. 302. 24mo.

The definitions of this little book are of course brief. Its peculiarities are that it gives the pronunciation of all the medical words included in it, and for this purpose the *phonetic* characters, as they are termed, are employed. Appended to it is a list of abbreviations and another of poisons and their antidotes. Its size is such as to allow it to be carried in the pocket.

Scenes in the Practice of a New York Surgeon. By E. H. DEXON,
M.D. pp. 407. Dewitt & Davenport.

To any one who sees the Scalpel regularly there is no need of describing these papers, which are written in part by its editor, and in part by Drs. Dewees and Richmond. To others it would not be easy to describe them. There are eight illustrations in the popular style, in which poverty and misery are painted conspicuously, and which promise tales of "thrilling interest" concerning them.

PART IV.—CHRONICLE OF MEDICAL PROGRESS.

Mortality Statistics of the United States—How We Live and How We Die.

We have before us the "mortality statistics of the seventh census of the United States"—embracing the cause of death, the age and sex, the color and condition, the nativity, the season of disease, and the duration of illness of the persons reported to have died in the year previous to 1st June, 1850—a work of exceeding great value; as well from the variety of the information it contains as from the lucid manner in which that information is presented. Such works do quite as much honor to the country as to the census office which is intrusted with the duty of preparing them. It is not absolutely accurate of course. Many persons foolishly thwart the aim of the

Marshal, from private reasons of their own, by refusing to communicate the information required. Others are ignorant and forget. A few escape the notice of the public officer. But, even allowing for these causes of inaccuracy, this work throws more light on the paramount subjects of health and disease than any volume or set of volumes that have gone before it.

The public may be already aware that in 1850 the total population of the United States—white, free colored, and slave—was 23,191,876; that of these 2,244,648 were foreign born, and 17,742,915 white natives; that nearly nine millions were over 5 and under 20, and nearly nine millions over 20 and under 50, leaving five millions and a half for infancy and old age; that up to the age of 80, the males are in slight excess, but that after that age the females slightly preponderate; that of the free white males, 1,596,265 are engaged in trades, manufactures, mechanic arts, and mining; 2,400,583 in agriculture; 190,329 in law, physic, divinity, and other callings requiring education; and 28,613 in the civil and military service of the State. Most of these important statistics have already been made public.

From the mortality records we learn that the total deaths during the twelve months previous to 1st June, 1850, numbered 323,023, of whom 264,601 were whites. This is in round figures, nearly one and four-tenths per cent. on the total population, the lowest mortality, we venture to say, that has ever been recorded in any settled and civilized country. Foreign countries compare as follows:

<i>Country.</i>	<i>Annual Mortality.</i>
England.....	2.2
France.....	2.4
Prussia.....	2.7
Austria.....	3.1
Russia.....	3.5
United States.....	1.4

According to this table, if health can be measured by figures, the United States is nearly twice as healthy a country as England, France, or Prussia, and more than twice as healthy as Austria and Russia. Some allowance must be made, it is true, for omissions in these returns of ours, but similar omissions must exist in the European tables as well; and, besides, in the table given above, the still-born are omitted altogether in the English, French, Prussian, and Austrian, but included in the Russian and United States returns. If

the comparative statements were placed on an equality in this respect, it would be found that the disproportion is really enormous.

The gross yearly increase of population in this country, in 1850, was set down at 4.4 in round numbers, from natural causes and immigration computed together. Deducting, therefore, the mortality—1.4—the net increase is about three per cent. per annum, at which rate the population doubles itself in some twenty-three years.

Passing to the examination of the cases of those 323,023 who died between 1st June, 1849, and 1st June, 1850, we find that nearly half of these—or 131,813, persons—died of what the report calls zymotic diseases—meaning thereby cholera, and the various classes of contagious fevers. The year 1849 was a cholera year in some parts of the country; 31,506 persons are returned as having died of it, one-third of whom were foreigners. Yellow fever was milder than usual, only 785 having died of it. Of the sporadic diseases, namely, those which cannot be suspected of being contagious, the most fatal class was diseases of the respiratory organs, to which cause 17 per cent. of the total deaths were due; consumption and pneumonia being the most fatal varieties of the genus. Diseases of the brain come next, with a relative mortality to the total of nearly eight per cent.; over half the deaths classed under this head were those of children who died of convulsions and similar accidents during teething. Nearly four per cent. of the total deaths were caused by dropsy; a singularly large mortality for such a disease. Out of the whole list only 9,027 died of old age.

The proportion of foreigners to natives in the mortality returns is as one to ten; in other words, ten per cent. of the dead were born abroad, half of this ten per cent in Ireland, and a quarter in Germany. But the returns of deaths from each particular disease show considerable variation in the proportion. Thirty-three per cent. of the deaths from cholera were of foreigners; but barely six per cent. of the persons who died from disease of the brain were born abroad, and barely six of those who died of diseases of the digestive organs. These variations are easily understood. In 1849-50 cholera was the scourge of the emigrant, whom it afflicted far more severely than the native citizen. Dyspepsia, on the contrary, is the peculiar disease of Americans, and usually spares foreigners; while brain diseases were naturally most felt among children who were natives.

Some curious fallacies are afloat with regard to the relative healthiness of the different seasons. Consumptive people dread the winter, and sigh for spring. Yet it appears that, on the whole, the winter

and fall are the most healthy and spring the most fatal seasons for them. The figures are :—

	Deaths
Spring	18,299
Summer	12,791
Autumn	11,279
Winter	11,858

Cholera, as every one knows, confines its ravages to the summer ; out of its 31,506 victims, 18,243 died in that season. Dyspeptic patients (to use the word in the common, and not the scientific sense,) generally die in autumn and summer, but especially in autumn; in winter they appear comparatively safe. Like consumptive persons, old people, in the second childhood, should fear the spring ; it is the fatal season for them.

It is not easy to get at the occupations of the persons who died, in order to compare the various callings in point of healthiness. This result can only be obtained when our statistics are far more complete. Thus we find, according to the table, that more persons died, proportionately, among those engaged in agriculture than among those engaged in trade and mechanical arts, which, of course, is an absurdity. The error arises from the farmers telling the truth about their dead, while the city folk concealed theirs. The only fact stated in the table that is worth noticing is the vast disproportion between the deaths of old age in the city and the country, the former being hardly one-fourth of the latter.

In comparing the mortality in the various States, we find that New York, with a population of over 3,000,000, registered 45,600 deaths in a year, being at the rate of 1.5 per cent. which may be assumed as the mortality of the whole Union. In Massachusetts the mortality nearly reaches 2 per cent. of the population. Ohio is even healthier than New York, the mortality being only 1.4 per cent.; in Illinois it is the same ; in Indiana only 1.2 per cent. In the South the mortality is about the same. The per centage in Louisiana is 2.3 ; but that of South Carolina and Mississippi is only 1.2 ; and Alabama, Florida, and Georgia are set down—erroneously, no doubt—at 1.1. The real mortality is obviously much larger : two per cent. would probably be a fair estimate for the whole territory south of the South Carolina line : and something like 1.5 for the North-western States.—*N. Y. Herald.*

Foreign Correspondence.

BERLIN, Sept. 1, 1855.

MESSRS. EDITORS :—To one who is pleased with exhibitions of stirring surgical skill, a visit to the private hospital of Dr. Graefe is full of interest. Dr. Graefe is without doubt the most promising physician in Europe, although his reputation is not so widely extended as that of a few older men. Although but twenty-eight years of age, I suppose that he has not his superior as an oculist, and perhaps not his equal. He is consulted by numbers from all parts of the continent, and private students come from every division of the world to view his skill and to receive instruction from him. Here are physicians from Russia, Greece, Denmark, Norway, Brazil, and the United States. I have had many opportunities to see him, at his house and at his hospital, and have always found from ten to fifty patients waiting. The instrument with which his name has often been associated as the inventor (the ophthalmoscope), although he disclaims the honor, and the books which he publishes annually, containing elaborate articles on ophthalmic science, have attracted the attention of physicians to him, while the sad fate of his father, who died from chagrin at being unable to operate successfully on the eyes of the King of Hanover, has enlisted in the reputation of the son, the feelings of those who are not influenced by professional sympathy. But his manner is so peculiar that I must describe it somewhat fully. Before being introduced to him, I was accustomed to attend his public clinic, in order to see the numerous interesting cases there presented for treatment or operation. The room was crowded with patients, seated on desks like those of a school, in order to accommodate a number. There must have been a hundred present. At the moment appointed for the commencement of the clinic, the door opened, and a lightly-built man, of genteel form and moderate height, entered. All rose, and he hurried across the room into his operating apartment, seated himself in his chair, and had commenced the investigation of a case, in less time than I have spent in noticing his entrance. All around him were his students. Four or five assistants were seated by his table, recording his prescriptions, handing instruments, arranging his glasses, or writing his orders to opticians. Not a quarter of a minute elapsed between the several cases, and yet in his private clinic I have known him to spend an hour in speaking of some interesting anomaly in the physiology of the eye. He is the most

active man I have ever seen ; he seems but nerve and brain ; when he speaks, it is with such rapidity that Germans can hardly understand him, and it makes but little difference whether his conversation is in German, French or English. The quickness with which he performs the most delicate operations upon the eye is startling to one who is not full of confidence, and yet his success is unsurpassed.

The excessive nervousness which Dr. Graefe exhibits is not that of a man who cannot control himself ; for in the midst of strange confusion he never is disturbed. Indeed he brought up more vividly than any man I have ever seen that old picture of Julius Cæsar writing a letter with his own hand, and at the same time dictating a dispatch to his secretary, and listening to the story of a bystander. With three or four children crying at once, nurses singing, and mothers caressing, Dr. Graefe is able to do what few physicians have the courage to attempt, even under the most favorable circumstances. I can give the best notion of the amount of his practice, when I say that during one semester of the university (about four months) he operated eighty times for artificial pupil. Cases of this sort are rare, and your readers will appreciate how extensive and interesting his entire practice must be.

I must not drop my picture of this eminent man, without mentioning one other trait in his character. Though left in the most affluent circumstances, and enjoying an unlimited practice, the love he bears to his specialty is his great stimulant to action. His health is already fast sinking under his incessant studies and toil, and a few years more will probably terminate his illustrious career.

Dr. Graefe's hospital is capable of accommodating about one hundred patients, and almost every spare room in the immediate vicinity is filled by them. He has usually about eight assistant physicians. His public clinic is opened daily to all classes of the community, and he receives a compensation from the government for his services to the poor. His liberality and kindness are in the mouths of all, and the poorest laborer can have the advantage of his advice. Besides his public lectures delivered at the University upon the diseases of the eye, he gives, in conjunction with his assistants, a private course upon the physiology of vision, another upon the use of the ophthalmoscope, one upon the microscopic characters of the tissues comprising the organ of sight, a private course of clinical lectures, a public clinic for the higher classes, and visits private patients among the nobility.

His pen is also never idle. He has assumed the labor of editing the Yearly Annals of Ophthalmic Science, and a noble work it is.

He is continually improving the character and variety of instruments used in surgical operations upon the eye, and his instrument maker always attends his clinics, in order to gain hints by observation.

Altogether, the reputation which Berlin enjoys, as the best school for the class of diseases of which I have been speaking, is owing as much to the labors of this accomplished and assiduous physician, as to the almost numberless infirmaries, scattered through the city.

PARIS, Oct. 1st, 1855.

MESSRS. EDITORS :—I trust your readers will not expect from me, at present, anything in regard to the hospitals or medical facilities of this great centre of the profession. Were it the season to study these, the great attraction of the place would prevent any thoroughness in the investigation. My limited stay here has been thus far devoted almost exclusively to the Grand Exhibition. I shall try to give you a little of those points connected with it which are interesting in a *medical* point of view. The industrial departments seem hardly to claim a place in a Journal devoted more properly to other topics. I am inclined to think that our profession is as well represented as any other, though it cannot of course present so imposing an appearance as that of many. So far, however, as mechanical ingenuity can be brought to bear upon the advancement of medicine and surgery, or chemistry aid the pharmacist in the preparation of the *materia medica*, or the hygienic condition of a community be improved by physical means, is shown at the present Exhibition.

Of the whole number of Exposants in this, as in all other departments, by far the largest number belong to the French Empire ; more indeed than all the Foreign States which are represented. To be sure the effect of this has been to give to France a place far beyond any other country, or all others, in the extent, variety and perfection of the articles exposed. Yet the Exhibition is, as a whole, much the gainer by it. Indeed, it is appropriate that France should take the lead in this respect. She certainly dictates to the whole world in most matters pertaining to our profession. What she does not do, others cannot, as she has every facility to send her articles to the capital, or present to view the innumerable objects of interest which the chemists, instrument makers, anatomists, microscopists and hygienists of Paris itself possess.

Next to France, the Empire of Austria and the Kingdoms of Prussia and Bavaria are entitled to mention. Their collections, though

not large, are of the highest order of merit. Great Britain has done well, but not nearly well enough. Switzerland, Denmark, Belgium, Spain, and Holland, stand next. The collection of mineral waters from Greece is very fine. Mexico has sent one article alone worth noting—an apparatus designed to prevent epileptics from bruising their teeth. I have looked in vain for those splendid casts and anatomical preparations which I had expected to find in the department devoted to Tuscany. Florence has long furnished our best collections with them, and though Paris and Pavia are now robbing her of her fame in this particular, her preëminence is not yet lost.

I am sorry that the United States make so meagre a display. We have neither cutlery, surgical apparatus, nor medicinal preparations to stand in the Exhibition alongside of the same classes of European manufactures. It would seem that in no department are we so much indebted to the old world. While the medical literature of our country now boasts of names almost as distinguished as any; and while many of our surgeons and physicians have a world wide reputation, European institutions have been the instruments, and European scholars have furnished the material for study. Our anatomical cabinets are altogether imperfect without preparations made abroad; our chemical laboratories are but copies of those on the continent. Every thing relating to pharmacy is in a crude state with us. With the exception of some articles made of caoutchouc, such as those which the New England physician sees at Mr. Codman's dépôt in Boston, and some elegant specimens of dentistry, Mr. Thomson's life seat, a life-boat, and a few others, we have in reality nothing.

Among the articles in the French department, I have noted many worth mentioning. There are apparatus for the perfect ventilation of houses, ships, and mines, filters, safety lamps, machines for sweeping away snow or mud, apparatus to preserve miners from deleterious gases, orthopedic apparatus, inodorous cabinets, mineral waters, preserved fruits, concentrated drugs, rare extracts and oils, chemical products, medicinal chocolates and nicely prepared farinaceous powders, machines for pill making and for spreading plasters, new remedies, gum elastic articles, and every variety of bathing machines, from a foot basin to a shower bath containing half a barrel.

Then there are ambulances for the transportation of the sick in armies, models of hospitals, every species of surgical and dental apparatus, artificial legs and arms, bandages, splints, artificial teeth, hernial contrivances, Auzoux's and other anatomical preparations in plaster and in wax, portable stalls for the use of veterinary surgeons,

apparatus for the reduction of fractures and their subsequent treatment, couches and beds for the sick, birds and animals injected with antiseptic compounds, Lefevre and Revil's heads of animals, groups empailed, artificial eggs, fishes and crustacea, and finally Burgoyne's microscopical preparations. In regard to these I am glad to acknowledge that I have seen few collections here which excel the set of dental sections exhibited by Dr. Durkee at the New York Palace.

The whole of this long list, which I have taken in a mass from my notes, though not strictly medical throughout, embraces but few articles which are not designed to add to the well being of the community in a physiological point of view.

In the Austrian department, I remember particularly a very fine collection of orthopedic apparatus, a most admirable and beautiful operating chair, electro magnetic machines for the physician's use, craniometers, syringes for mercurial injections of the lymphatics, Dr. Angel Mastro's (Pavia) wax preparations, representing, in large dimensions, the natural history of embryology, and also the respiratory organs of animals.

From Bavaria, I found Dr. Zeiller's (Munich) casts of the races of men, busts of Australians, dissected casts of the eye and ear, female pelvis, and manikins for the student of obstetricy; from Spain, pharmaceutical preparations; Holland has sent some fine eye specula and ophthalmoscopes, also some good wax, gelatine and plaster casts; the Kingdom of Great Britain, among other things, a machine for cleaning gutters, concentrated medicines, contrivances for estimating the capacity of the lungs and for the inhalation of ether and chloroform, also surgical and electro-magnetic apparatus.

Among the articles sent by Prussia, are some very fine obstetric forceps and surgical instruments, though the French steel work is generally admitted to be superior to that of Germany. There were some very interesting casts, in the department devoted to Norway, of ancient leprosy.

But I see that I am transgressing. I trust that the readers of this letter will consider the impossibility of doing justice in a description to what possesses an interest only when presented to the eye.

N. E. GAGE.

Cogitations and Vaticinations. By AN OLD FOGY.

In these latter days of Young Americanism, Young Irelandism, and Young Physic, all who revere the past in art, science, and religion—who cannot accept in their full extent all the daring speculations and hasty conclusions of the self-styled men of progress—who believe that Jesus Christ was a greater personage than Andrew Jackson Davis—who contend that Plato, and Aristotle, and Lord Bacon, were at least equal to Swedenborg and Judge Edmonds—who look upon Hippocrates, and Galen, and Sydenham, and Rush as greater philosophers than Lebert and Robin—who regard brains as of more importance than the microscope—who think that there are other ways of employing time equally as profitable as in counting the number of stigmata on an insect's back, or measuring the length of a flea's hind leg—who regard the mighty thoughts of great men as of more importance than the *microscopic* additions to science effected by modern plodders—who possess a degree of modern skepticism that cannot swallow conviction in lump and gain remote conclusions at a jump—who believe that men knew that blood is blood before the microscope revealed its corpuscles—that tubercle is tubercle before its appearances under the microscope were familiar to observers—that yellow fever was as truly diagnosed before as since the detection of sarcini in the black vomit—all such men are now-a-days called Old Fogies. I am an Old Fogy. I believe that our ancestors, our fathers, knew something. I believe that a great deal of what is called progress, is nothing but gyration, resembling the progress of the dog that follows his own tail. I doubt very much that we treat disease much better than did Boerhaave and Sydenham. I do not deny that some advances have been made in the details of science within the last hundred years. I would not underrate them; but I do not wish to overrate them. What discovery of the last twenty years can rank with that of the power of vaccination in preventing small pox, or of the circulation of the blood? None, not even chloroform. Chemistry, so far as it bears on the nature and treatment of disease, is yet in its infancy. That it will effect a great deal, I verily believe; that, as yet, it has not done a great deal, may be safely asserted. The Old Fogy knows enough to hope for more; but he is not blind enough to believe that the consummation of science is close at hand. He believes that ages will be required to effect what the ardent *Know Nothing* thinks already effected. Old

men *know* what fools young men are, whilst these latter *think* old men fools. Let us estimate briefly and honestly what the microscope has done for science. I do not deny that it has done a great deal for science in general. It has enabled men to see and classify beings too small to be observed by unaided vision. It may be said that it has revealed the elementary structure of animal and vegetable tissues. I do not deny the value of the microscope in science ; but curious and interesting as this instrument may be, it cannot do everything. It would be doing it a serious injury to over-praise it. Physicians cannot restore life to the dead by microscopic examination. They cannot tell, by looking through the microscope, whether a given substance is poisonous or edible ; they cannot tell, by microscopic examination, a very great deal about the diagnosis of disease. I do not say that nothing can be learned in this way—I wish more could be learned—but the fact is that the microscope is, as yet, at least of no great utility in diagnosis. It is true that we can detect the different salts of the urine by their peculiar crystals, and certain vegetable fungi in some diseases of the skin ; we can find vibriones and sarcini in the ejecta of certain diseases ; but in the diagnosis of disease, in the proper sense of the term, the microscope is of secondary utility, to say the most of it. It has been said of late years that pathological products, as tubercle, cancer, &c., are distinguishable by the microscope, and that this instrument is the only infallible means of determining whether or not a given morbid product is cancerous. It has been contended that there is one form of cell in tubercle, another in cancer, another in epithelioma, and so on ; in a word, that every growth and deposit had its proper and peculiar microscopic characteristics, by which it may be always distinguished from every other tumor or deposit. All that you had to do in order to know the nature and name of any morbid product with which you might meet, was to send it to a microscopist, and you would learn by the return mail. If you saw tubercles in the lung, you were not to believe it really tubercle until it had the imprimatur of some microscopist. If you saw a cancer or malignant tumor, you were not to believe it malignant (though it might have killed the patient) until the nucleated cell was found in it. If you extirpated the most benign growth, you were required to quake in your shoes until the far-seeing and solemn micrograph announced the fact that the nucleated or nucleolated cell was absent. Wo to the patient ! no odds, how mild and benign the disease, if it contained the fatal cell ; his fate was sealed. The micrograph will tell you that hygieia and all the demigods and

doctors cannot prevent the return and fatal termination of the disease. To be sure, and it is consoling, he will admit that the disease may delay its return ten, fifteen, fifty, and perhaps a hundred years, or something amounting to this. Oh, no! The Andrals, the Velpeaus, the Broussais, did not even know what to call the tumor they met with. The pathological products they encountered, until they called on Lebert or a Robin! The internes got ahead of their masters by the aid of a philosophical toy; all previous observation was null and void and useless in disease, because the diagnosis had not been verified by the microscope; the classification and nomenclature of ages were to be thrown overboard to give place to the crude ideas of a few Red Republicans in science. Now, what I mean to assert is this, that the microscope is of mighty little use in the diagnosis of disease generally, and of morbid products in particular. By means of the microscope we may find sarcini in *black vomit*, but we have diagnosticated the *black vomit* before we discovered the sarcini. We may find disintegrated cells in tubercle, but we know the product to be tubercle as well before as after this discovery. We may find the nucleated cell in cancer or malignant tumor; but we already knew by other signs that the tumor was malignant, and neither the presence nor the absence of the cell would change the diagnosis, prognosis, or treatment of the case. But can we not learn much about the ultimate structure of morbid products by means of the microscope! Certainly. There is no other way of learning the appearance of microscopic objects than by the microscope; but what I mean to say is, that the knowledge thus acquired is of no great use in diagnosis. The chemists might ask with some show of reason—and the chemists had their day of self-conceit as well as the microscopists—the chemists might ask how can you diagnosticate these morbid products, these pathological epigenesis, these *neue Bildungen*, these pseudo-plasmata, without knowing the kind and proportion of the elements constituting them! Certainly these ultimate elements can be revealed only by chemical analysis; but, as in the case of the microscope, the crueble throws no great light on the *morbid nature* of these products.

Disease is but a variation from health. It is classified, and estimated and diagnosticated by its symptoms and signs, its march and its termination. It consists of every variety of shade and degree, from the slight malaise to the torturing spasm, from the scarcely appreciable change in a part to the sloughing carbuncle or cancer. It is complicated in kind, and ever-varying in degree. Its mutations of

quantity and quality defy the scaffoldings and arbitrary sections and divisions of system-makers and nosological closet-dreamers. To day it is slight, to-morrow it is grave. This week it has an effused, but not yet organized plasma; next week it has cells, the week following fibres; this month its products are organized, next month they are disintegrated and form an amorphous mass. Disease is a greater or less change in the organization. It is now a new organization out of different material; it is the normal, the physiological material changed in quality, changed in the time or place of its appearance. Diseases are not entities as some of the microscopic gentry seem to suppose; they are but variations of one entity. Now, if diseases were entities, were things separate from the system which get into the system and there grow and congregate—if diseases were material objects like minerals, plants, and animals—then they might be diagnosed by the microscope. In fact, they could be diagnosed in no other way, if they were too small to be seen with the naked eye, or by the aid of a pair of spectacles. We distinguish a *navicula attenuata* from the cornea of a fly's eye in no time by the microscope; so we could diseases, if they were entities as different from each other as the objects above mentioned. I, for one, had thought and hoped that these old exploded ontological notions were safely entombed in the sepulchre of all the defunct theories. I had no idea that they would be revived and re-discovered by men who pretend to progress and to be wiser than their fathers. As, however, the microscope is now in vogue, and as its claims are based upon these old-fashioned country notions of entities, ontology must be galvanized into a sort of half existence to stagger a brief hour on the stage, and then go down to the second death to which common sense and a moderate degree of medical knowledge will doom it. Talk about a certain cell being always present in tubercle, a certain other cell being always present in cancer, a certain other cell being always present in epithelioma, a specific cell for warts and corns, and another for chancres, a certain fibre characterizing a particular tumor *ab initio ad finem*, and of the unalterability, the fixity of these things. My dear microscopic friend, this is all false; this is no better pathology than that of the countryman of whom Watson speaks in his "Practice of Medicine." The countryman, speaking of the ague, said that he had never seen it but once, and then it was vomited up by a friend of his, and that it looked like the white of an egg or a piece of jelly. The countryman, you see, was an ontologist. Lay aside your microscope and reason awhile, my ardent friend; put

forth the power of your mental eyes before you put out your physical ones, and you will see that all these pathological products termed separate diseases are made of the same material, of the same cells; that the amorphous blastema is changed into the granule, the sac, the nucleated cell; that the cell is changed into fibres, and so on; and how far the organizing process may proceed, will depend on a variety of circumstances. All these forms of organization may occur wherever the fluid plasma is effused in tubercle and other deposits as well as in tumors, in the mild as well as the malignant. Do not throw away your microscope, my friend; do not underrate it; but do not so overrate it as to bring it into the disrepute which awaits all overrated things.

Thus we may reason a priori; but what are the direct facts as to the utility of the microscope in the diagnosis, say of tumors for example? Why, the facts show that the microscope is just about of no service at all. Velpeau sent tumors of the most malignant kind to the best microscopists of Paris, and no so-called cancer cell was to be found in them. That these were cancers, (using the term *cancer* in the sense of *malignant tumor*), was clear from their appearance, the state of constitution in which they occurred from their recurrence, and finally from the circumstance of their fatal effects on the system. Velpeau sent also to these micographs benign tumors in which they did find the so-called cancer cell. This happened not in one or two cases only, but in many; so that it has been clearly established by direct observation that cancers may not have the so-called cancer cells, and that non-cancerous tumors may have them; so that the conclusion is irresistible that the cell is not diagnostic of cancer. This is irrefutably shown by the recent debates on the subject in the Academy of Medicine in Paris.

And is it, then, the general opinion of pathologists who are adepts in the use of the microscope, that there is a specific cancer cell, a specific tubercle cell, and so forth? No! by no sort of means. The vast majority believe no such thing; the most distinguished micrographs teach the contrary doctrine. Amongst these may be mentioned Virchow, Vogel, Gluge, Burnett, Paget and Mandel. I know of no microscopist, worthy of the name, who contends for the specific cell, except Lebert, Broca and Robin. Mandel says that there are cellular cancers, epithelial cancers, and fibrous cancers. The notion that the various tumors and deposits are distinct species, is, as I have already said, founded on that false doctrine that diseases are entities as distinct and classifiable as animals and vegetables. It is founded

not on physiological and pathological knowledge, but the want of it. There can be no such thing as species in the deposits and tumors, for they are all the same in origin; the same plasma is the fountain source of the whole of them; they shade off into each other; they change from day to day, and from month to month. Physiology and pathology are the lamps by which the physician and surgeon are to be guided in the diagnosis and treatment of disease; and I confidently predict that, in the presence of these increasing lights, the fond theory of specific cells will vanish with the darkness in which it was engendered.—*St. Louis Medical Journal.*

Diseases of the Knee-Joint; Foreign Bodies in the Bronchi; and Fractures in Children. By WILLIAM LAWRENCE, Esq., F.R.S., Lecturer on Surgery in St. Bartholomew's Hospital.

GENTLEMEN:—I have got for your inspection the knee-joint of the boy upon whom amputation was performed on Saturday. The case is that of James —, aged thirteen years, a strong boy, who was admitted on the 4th of October, with disease of the left knee. There was general enlargement of the joint; it was bent at a right angle; the patella was movable; fluctuation was felt under the joint, and an abscess distended the joint backwards and outwards; two or three sinuses were discharging freely; the boy was free from pain, but there was slight tenderness below the patella. Thirteen months ago the knee began to swell, and became slightly painful; there was no attributable cause for this, and he was under the care of a surgeon for some time, and was also treated in this hospital, where he got better. He subsequently went to Margate, and all along never suffered much pain. The history, as now detailed, would lead one to expect the case to be scrofulous disease of the knee-joint: there is an absence of pain, and the disease has commenced in the bones. From the inflammation occurring without pain, and the absence of other acute symptoms, the disease takes the name of white swelling, commencing in the articular heads of the tibia, and condyles of the femur, without any external redness; the boy cannot be said to have suffered much in health. On examining the dissected joint, we find the internal condyle is closely united to the internal part of the head of the tibia, so there is no cavity there; the external head of the tibia is inflamed, reddened and thickened; the synovial membrane of the

joint is thickened, pulpy, and reddened ; and the surrounding parts of the joint may be said to be diseased. It was looked upon upward of a year ago, as a case of synovitis. The articular cartilage of the patella is entirely gone.* The bones are usually found much softened in these cases, as you may perceive how the knee goes completely through the bone,—a condition very different from its healthy state. A singular circumstance here shows itself, that we were not aware of ; it is a recent fracture of the femur, one or two inches above the joint ; it cannot have been of long duration, as there is very little progress made at the process of repair ; the periosteum is partially separated with recent effusion of blood. This was quite unknown before the examination of the limb after amputation, and it must have happened without the boy's friends being aware of it ; the section through the bone shows it very well. This fracture cannot be of long duration, because the age at which this patient was, allows of union in a short time. Two years ago I had an opportunity of seeing a fracture of the femur in a child who died on the thirtieth day after the accident, a week before that, the fracture was sufficiently united to permit of the child's moving about, as it appeared to be consolidated,—as firm, in fact, as any other part of the bone ; perfect union had occurred in about three weeks.

Here nothing was to be done but to remove the limb ; possibly with care a cure might have been accomplished by ankylosis, with the limb bent at an angle,—an affair of a long time. The child's health was not much affected. The patient's friends wanted the limb off, and my colleagues and myself were in favor of amputation. In performing the operation, there was a healthy state of the soft parts in the ham, and sufficient material was obtained in the posterior flap for a soft cushion. The incision for this went through an abscess, and a portion of this was in the anterior flap ; and I thought it best to remove it by slicing it off, so as to remove the pyogenic membrane, as it is called now-a-days,—the membrane that secretes the pus ; the integuments were then brought together by stitches and adhesive plaster. To-day the child is going on well.

I have here the narrative of a case of a child, still in the hospital, who swallowed a damson-stone, which became lodged in the bronchus, and which fortunately escaped out of the trachea afterwards. He came in with urgent symptoms of suffocation from this cause, but is now out of danger, and is restored to health, owing to the decision

* There is a vascular projection from its surface, which might, under favorable circumstances, in apposition with the bones, lead to ankylosis.

of Mr. Morris, my house-surgeon, who performed the operation of tracheotomy, and has conducted the case with great judgment and care, as he does all his cases. This boy, Henry Stevens, aged five years, is in Queen's ward; the case is reported as one of a lad with a plum-stone in the left bronchus, tracheotomy, and recovery by ejection of the stone. The stone was not taken out at the time of the operation; no doubt it was firmly fixed in the bronchus. The Report states: "On September 23d he swallowed a new, ordinary-sized plum or damson-stone. On the 24th, having had his breakfast, he was instantly seized with a violent paroxysm of coughing, with symptoms of asphyxia." Mr. Morris found the child livid, and struggling violently; he lost no time, and immediately performed tracheotomy; the face recovered its fullness. There was intensity of breathing on the right side of the chest; none at all on the left. The operation was done at 8-45, A. M. At noon the canula was removed, and the opening was allowed to remain free by sutures. No breathing was present in the left side of the chest; it was quiet, whilst the right moved naturally, from respiration, which was satisfactory, so far, considering all things. He had taken some beef tea. At 1.30 a violent paroxysm of coughing came on, which ejected the foreign body, which proved to be a plum-stone, through the opening in the trachea. On the 25th the child was feverish. On auscultation small sibilant ronchi were heard in the upper part of the left side of the chest anteriorly. Ordered ten minims of antimonial wine every four hours.

26th.—Pulse full; tongue less furred; bowels open; skin warm and perspiring; face congested; breathing composed, with some slight ronchi.

27th.—Much better in many respects. Now (October 8th) the opening is not yet closed in the trachea; it will do so in the natural way.

If you compare the size of this stone with the rima glottidis in a child five years of age, you will find it to be very much longer. It is a difficult matter to get it in; the way it does get in is during inspiration, by the whole weight of the atmosphere pushing it in. Now how does it get out? The effort at inspiration loosening it, it can easily pass out of the larger opening in the trachea. There is a disposition for foreign bodies to enter the right bronchus, because it goes on straight in what appears to be a continuation of the trachea; but here it happened to be in the left. The left is larger than the right, more suddenly turns off, and passes under the arch of the

aorta. What was done here,—making an opening into the trachea, and keeping the case quiet, was what was just proper : by no means should an effort be made to dislodge the foreign body. Some years ago I saw a boy suffering from an attack of difficult breathing, from swallowing a small nail, which was supposed to be in his trachea : sometimes he breathed quite easily, at other times he had attacks of most difficult breathing. On considering all things, I thought it better not to make an opening into the trachea, because the foreign body might be expectorated without. Some weeks after, a violent attack of coughing came on, and ejected a small tack through the glottis, and the child got well.

There was a remarkable case of a foreign body getting in the trachea, which occurred several years ago, because it attracted some notice. A gentleman was playing with his children with a half-sovereign, which by some accident entered the trachea. He had no dangerous symptoms, but an opening was made into the trachea, and the foreign body was not removed ; it was clear, however, it was in the trachea, and there remained. He was a person of a very mechanical turn of mind, and, in fact, a great engineer ; he determined to turn himself quite upside down, to see if the coin would roll out. An inclined plane was made, to raise him up gradually ; and on doing this, luckily out rolled the half-sovereign from his mouth. This is a hint that may be worth remembering ; at all events, it may be worth trying. He got off better than another patient, a publican, who swallowed a sixpence. In consultation with Sir Astley Cooper, I saw him ; he had severe attacks of difficult breathing, and I made an opening into his trachea : a probe passed upward produced violent irritation, downwards not so much ; no foreign body could be found. The wound nearly healed up. His friends were aware the mischief was not removed ; they therefore called in the late Mr. Aston Key. He concluded the sixpence had gone into the right bronchus ; had forceps made for introducing and getting it out ; he did not get the sixpence, but the patient died from bleeding ; and on the post-mortem the sixpence, as was conjectured, was found in the right bronchus.

There have been two cases of fracture of the thigh in infants in this hospital, which will throw some light on the prognosis, and also on the treatment, as to which is the most advantageous. Parents are extremely anxious in these cases, and think peculiar difficulties and danger are likely to occur in setting them, more so than those advanced in years. The present cases show that that view of danger is by no means a correct one.

Applying bandages and splints in these young subjects is objection-

able, if it can be avoided, particularly from their becoming sodden with urine, and thus producing irritation. The first case is Emma Walker, aged two years, brought into the hospital on the 24th of August, run over by a cab, fracturing both thigh bones, the right at its middle, with displacement and bruising of the soft parts, and the left about the same situation without displacement, and no bruising. She was placed on her back in bed, with the legs raised on a pillow, and gently fastened together. On the 25th she had a rather restless night, but is quieter now; the left thigh is in a good position, but the right is much displaced. The child was now put on her side with one thigh over the other, with some cotton-wool between both, and kept together by a roller. She remained this way a fortnight, when she began to move her left leg. Changing the little patient daily, and dusting the parts with flour, prevented anything occurring. In three weeks she was much better, and in four she was put on the floor, and could walk with assistance; and in a few days more she got quite cured. No splints nor bandages were employed, but she got quite well at as little inconvenience as could be expected. A splint might sometimes be put on one thigh, but it is different when both bones are fractured. Now, I have frequently observed that children will keep the limb very quiet as long as it is in a state to produce pain, and if the limb is supported on a pillow, so as to keep it quiet and easy, it will remain so. As soon as the child herself begins to move, three cannot be any danger in allowing this movement. This child would have been exposed to great discomfort if splints and bandages had been used, which would have retarded the union of the bones; but otherwise, she got well without any trouble or inconvenience.

About this time an infant thirteen months old was admitted (August 27th)—rather a weakly child, of mixed blood, of the East India race, not a mulatto, who, falling off a bed on to the floor, fractured the right femur about its middle, but with no displacement. She was placed on the affected side, and a cradle over her. She went on well for two weeks, when she had a troublesome cough; she began to move her limb about; the fracture had united, but not firmly; in a few days after it did, and she was discharged on the 21st September, quite cured.

These cases were in a great measure indebted, as in the tracheotomy case, to the judicious care of Mr. Morris, the house-surgeon. People think generally that the process of setting is a thing of great pain; so they are probably disappointed when they find it is such an easy matter, and not attended with suffering to the patient.—*London Medical Circular.*

Cornin in Intermittents. By E. P. CHRISTIAN, M. D.

It has long been a desideratum, and consequently much enquiry and experiment have been prosecuted for that object, to obtain an indigenous remedy, offering a cheap, safe, and efficacious substitute for quinine, as a tonic and antiperiodic. This desideratum arising not from any decrease of confidence in the specific virtues of quinine, nor from well-grounded fears of ulterior injurious effects, resulting from its use; nor indeed from a more vague though laudable scientific curiosity; but for a more practical object—from the high price of quinine, which also creates great temptation to adulteration, and from the extent of its use rendering it often unattainable in many localities. It is also quite probable that quinine presents no exception to the general law, that a tolerance is acquired by long use, and that in such cases, much larger doses would be required, than of a different remedy, with even weaker powers. In miasmatic districts such cases abound, and are those likely to be speedily cured by indigenous plants. But this is not the only class of cases favorable for the trial of "new remedies." In some recent cases also of mild intermittent, where no perceptible organic changes have resulted, or where the disease has not been confirmed by habit, nature often needs the aid of but a weak ally, to restore the body again to a healthy *status*.

Of the great number of indigenous plants which have been used as substitutes for quinine, possessing various degrees of efficacy by their tonic or alterative properties; the *Cornus Florida* (vulgo dogwood) appears to have been assigned the pre-eminence, and to have merited the greatest amount of confidence as an antiperiodic. Prior to the separation of the alkaloid quinine from Peruvian bark, the bark of the *Cornus Florida* was commonly used in intermittents, &c., but after the discovery of this alkaloid, its superior efficacy pretty much drove the former out of use, except in domestic practice, or in localities where the latter was unattainable. According to Eberle, thirty-five grains of the bark of the *Cornus Florida* are about equal to thirty of *Cinchona*, showing no great disproportionate powers. Dr. John M. Walker says that the bark of this tree differs very little in chemical composition from the Peruvian bark, and that, in their operation on the system, these two articles possess a close resemblance. Its sensible properties, too, are very similar to those of *Cinchona*; according to the same authority, it has a bitter, astringent, and

slightly aromatic taste. Its astringency is, however, stronger than that of Peruvian bark. Dr. Walker's analysis obtained only gum, resin, tannin, gallic acid, and extractive matter. Subsequently, Dr. Carpenter announced the discovery of a peculiar bitter principle in it, which he called cornine, but does not appear to have obtained it in sufficient quantity to test its therapeutic efficacy. More lately a resinoid, so called, has been obtained from it at the American Chemical Institute of New York, called cornin, which possesses in an eminent degree the remedial powers of the bark. Whether it contains an alkaloid of still greater efficacy has not yet been determined. But from the analagous composition of other plants of the same therapeutic nature, for instance, the *Hydrastis Canadensis*, an excellent tonic and antiperiodic, which affords both a resinoid and alkaloid, (the hydrastin and hydastine,) from the similarity of this latter to quinine, both in chemical composition and in therapeutic effects, and from the similarity in chemical composition and therapeutic effects between the bark of the *Cornus Florida* and the *Cinchona*, we may hope that such a principle may yet be eliminated. The cornin prepared by the American Chemical Institute, they assert, is as reliable as two-thirds of the quinine of the shops. However, they do not accredit to it equal powers with the hydrastine, concerning which they use this eulogistic and extravagant language, "that this agent as an antiperiodic tonic is without an equal in the materia medica, if we except sulphate of quinia." Our own experience has led us to an entirely different opinion, that, as an antiperiodic tonic this medicine is superior to hydrastine, and is excelled only by quinine, and by no indigenous remedies so far as we have tried. We think that in a great number of cases of ordinary intermittents, it will prove equally as efficacious as quinine; in a smaller number, perhaps more so; that but very few cases will fail to yield to it, with somewhat more persevering use than would be required with quinine, and that it will be admissible, whenever quinine will be tolerated, requiring, however, much larger doses to produce the same effects. It has been prescribed in from five to twenty grs. doses, the patient generally taking from a quarter to half a drachm between the paroxysms. It has, however, been administered in all stages and given during the height of the fever, has manifested decided febrifuge powers with little nausea. To say that we have not known it to fail would be an extravagant negation of facts, but this we have observed, that the comparatively few cases which have resisted the cornin treatment, have almost universally proved obstinate under quinine, and the failure of

the cornin has apparently been due to some complications of the disease, some internal seat of irritation exciting the paroxysms, and which has required appropriate treatment. Neither has it, in intermittent neuralgia, proved very successful; although an improvement took place, in a mitigation of the pain, it was not sufficient to break it. This, however, was only a single trial. In regard to its sensible effects, we have not observed that it is more apt to nauseate or induce headache than quinine, nor have we observed the ringing sensation in the ears produced by quinine and hydrastine.

This opinion of its merits is founded upon a systematic observation of a very large number of cases, through several consecutive months, under the cure of Dr. Pitcher, at St. Mary's Hospital.

In the course of these observations, in a number of cases, the following unusual order has been developed in the progress of cure; occurring at first after the use of cornin, but subsequently observed also after quinine. In cases without decided rigors, but with irregularly occurring chills, succeeded by moderate febrile action, the rigors have at once become fully developed, with high febrile reaction and with the whole order of a regular ague paroxysm, after the administering of the antiperiodic in a full dose, apparently inducing a severer form, but in reality, quite the contrary—for at this time has occurred the first distinct intermission, whereas previously the paroxysms had followed each other so closely as to present a continuous form. With the continuance of the antiperiodic, the disease has speedily yielded, showing conclusively that the development of the rigors has been the induction of a milder form. It is manifest how the observance of similar phenomena, differently interpreted, might be construed into a confirmation of the Hahnemanic law of *similia similibus*, &c.

We will conclude with detailing a few cases illustrative of some of the foregoing remarks:

CASE I.—Wm. H. entered the hospital, May 28th, with an ague of nine months duration; for the past six weeks has had a regular daily paroxysm, well developed in all its stages, is very much debilitated, and presents the malarious cachexia, sallow complexion, loss of appetite, costive bowels, &c. R. Cornin, gr. x., Hyd. C. Creta, gr. ii., twice to-day, and same dose in the morning before the paroxysm.

May 30—Has had no return of paroxysm. Continue Cornin, gr. v., each day.

June 4—Has had no return since, and is improving in his com

plexion, strength, and feelings; appetite returned, and secretions natural. No subsequent return of paroxysm.

CASE II.—Geo. D. entered hospital, June 4th, with intermittent of fourteen months continuance, and with diarrhoea for six weeks past, which has very much debilitated him. R. Pulv. Opii., gr. i., Cornin, gr. v. twice a day.

June 9—No return of paroxysm since first day of the above prescription, but diarrhoea continues in a milder way. Continue the same prescription.

June 14—Feels quite well, and disposed to leave, but advised to remain a while longer, to prevent relapse. No subsequent return while remaining, nor has since been heard of.

CASE III.—Davis entered hospital July 26th, with ague. Had first paroxysm the day before admission. When visited, was in hot stage, with high febrile excitement. Ordered Cornin, gr. x., Hyd. C. Creta, gr. ii. immediately, and repeat in the evening.

June 28th—Had slight return of paroxysm next day, but shorter and milder. Commenced to improve soon after first dose, which apparently acted as febrifuge as well as antiperiodic. Continue Cornin, gr. x., once a day.

August 4—No return since. Feels well in every respect.

CASE IV.—Cummings entered hospital July 18th, with ague of six weeks. Rigors not developed, but fever coming on at regular periods, preceded by chilly sensations of short duration; bowels costive. Ordered alt. pills, after operation of which, to take Cornin, gr. v., three times a day.

July 21—Has had to-day for first time a regular shaking ague. R. Quinine, gr. viii., before the paroxysm in the morning.

July 22—Shake returned again to-day at same hour, but shorter, and fever milder. Repeat Quinine, gr. vii.

July 23—No return of paroxysm. Patient remained for some days under tonic doses, and left quite well.

CASE V.—Michael C. entered hospital July 28th. Case similar to last, an intermittent fever without rigors. Was ordered Quinine in full doses.

July 30—Had a perfectly developed ague paroxysm. R. Cornin, gr. v., twice a day.

August 4—No return since taking Cornin.

August 24—Has continued well up to present time.—*Peninsular Journal of Medicine.*

Case in which Six Drachms of Arsenic was taken. Hydrated Sesquioxide of Iron administered. Recovery. By WILLIAM WEBB, M.D., of St. Louis.

I was called about ten and a half o'clock, on Sunday night, Sept. 2d, to see Mrs. O., who had been taken suddenly ill. I learned from her that she had procured from a druggist a parcel of arsenic, for the ostensible purpose of killing rats; that owing to a difficulty with her husband she determined to destroy herself. I repaired to the apothecary's, and learned from him that she had procured that evening about *six drachms* of arsenious acid,—a specimen from the same parcel examined since by a practical chemist (Mr Brown) is pronounced unadulterated. She states "that she had eaten nothing all day except a small piece of meat at dinner, and that she took *all* the arsenic she got from the druggist in half a tumbler of water, while the family were at supper, about six o'clock, and that she did not vomit until eight, and only vomited two or three times before my visit—thinks that she did not get up any of the powder, only water with a little bile.

Found her four and a half hours after the administration of the poison, retching and vomiting bile and mucus; pale, with a dull expression of countenance, inclined to be stupid; skin cold and clammy; restless; pulse feeble and quick, about 120; violent burning pain in the epigastrium; tongue considered redder than natural. While the antidote was being procured, I vomited her freely with salt and mustard and copious draughts of hot water, and nothing like arsenic in powder was emitted. The officinal hydrated sesquioxide of iron was now, near five hours after the administration of the poison, given, at first diluted with equal parts of water, owing to the difficulty in getting her to take it in the pulpy state, though in a short time she took freely of the magma in doses of a table-spoonful every ten minutes, she vomiting I think twice, once half an hour after the administration of the first dose, and then some considerable time afterwards.

I learned from the druggist that she took all he had, about a pound, and I obtained two ounces from another store. The administration of the antidote was continued without any adjuvants, except occasionally mustard poultices, until about eight o'clock next morning. I saw her at seven o'clock, Monday morning, expression of countenance better; face flushed; skin hot; pulse 108, full; has had several very copious watery evacuations; eyelids very much swollen

and conjunctiva injected ; numbness of the extremities ; pain in the lumbar region ; no urine ; tongue quite red ; complains of rawness of the throat ; great thirst. Ordered mustard sinapisms over the stomach ; sulphate of morphia one-eighth of a grain, occasionally ; to drink copiously of iced elm water ; to be kept quiet. Ten o'clock, symptoms as before ; no urine or stool. Six o'clock, fever : pulse full, 120 ; tenderness over the stomach and abdomen, very marked, though no undue heat of skin ; feet numb, and occasionally severe pain running up the legs to the hip. Ordered the elm water and ice to be taken *ad libitum*, and to be cupped to twelve ounces over the epigastrium and abdomen ; to take the morphia to relieve pain.

Tuesday morning—did not get the cups ; took the morphia only twice ; much better ; has slept well ; urine about a pint, natural ; no stool ; wishes to take some toast, which I forbid ; much less tenderness over the stomach and bowels ; tongue better ; throat still raw ; wants to sit up. Ordered her to take nothing but mucilage, and keep quiet.

Wednesday, much better. Ordered an ounce each of castor oil and aromatic syrup of rhubarb, of which she is to take a table-spoonful every two hours until it operates.

Thursday—has had two evacuations from her bowels ; very profuse and very black ; all her symptoms improved.

Saturday—she is up, and looks pretty well, but is dull and listless ; has been out several times ; still, has some pain and numbness in her legs ; tongue has a white coat around the edges, with a red patch half an inch wide in the centre ; great thirst, with an insatiable appetite : eye-lids considerably swollen in the morning. Has continued to improve, and is at present quite well.

Remarks.—The points of interest in this case, are, the quantity of arsenic taken, the length of time after, before the administration of the antidote ; and the certainty of antidotal powers of the protoxide of iron. We must suppose from the quantity of arsenic taken, symptoms, length of time taken, and upon an empty stomach, that absorption of a considerable quantity must have taken place ; and the point of vital import in this case is, that if the protoxide of iron did act as the antidote, we may not despair in its administration even after a sufficient time has elapsed for the absorption of some of the poison.

Did the protoxide of iron unite with the arsenious acid in the stomach, forming the insoluble subarsenite of the protoxide of iron ? or was the antidotal power exhibited in the blood after absorption ? or both ?—*St. Louis Medical Journal.*

Case of Hysterical Paralysis. Under the care of Sir CHARLES HASTINGS, in the Worcester Infirmary.

H. P., aged sixteen years, a pale delicate-looking girl, who had resided with her parents in the country, first became a patient of this Infirmary, June 25th, 1853. She had never menstruated, and now presented herself for the relief of cough with hæmoptysis. The union surgeon had looked upon the case as one of phthisis; but on careful examination, no physical evidence of that disease could be detected, and the cough and hæmoptysis soon yielded to ordinary treatment. She, however, complained of considerable tenderness and occasional pain in the region of the left ovary, and in this situation was observed the cicatrix of a recently closed ulcer; the girl stated that at intervals of a few weeks there was a profuse discharge of matter from this spot, and that a surgeon who had examined her some months previously had told her that the wound communicated with the uterus. While under our observation, however, the cicatrix remained firmly closed, and the amenorrhœa being the only apparent deviation from health, excepting the occasional passage of lumbrici, she was made an out-patient on the 30th July, and in a few weeks discontinued her attendance. It appears that shortly after this time she became subject to convulsive attacks, at first only slight, but afterwards increasing in severity, and putting on an epileptic character; these occurred usually about twice a week; at times she soon recovered from their effect, but at others they left behind a degree of weakness in the left arm, and for a few hours an almost complete aphonia. There was still no appearance of menstruation, and Oct. 14th, 1854, she was re-admitted. She was now suffering from loss of power in the left leg and arm; she could not stand without support, and the leg was dragged after the body in walking. She could move the arm slightly, but not to any useful purpose; she still complained of uneasiness in the region of the left ovary, where there was a slight degree of fullness observed. While in the hospital she continued to have occasional attacks of convulsions, but they were not severe, and it was noticed that the left side of the body remained motionless. After one of these attacks she completely lost her voice, and this state continued for some days. During the whole of her illness she has never had any pain or uneasiness in the head, and the facial muscles have not been paralysed in the slightest degree; neither have the muscles of the affected limbs, although flaccid and relaxed, suffered materially in their nutrition. These facts, taken in

connection with the deranged state of the uterine functions, led to the opinion that the hemiplegia was not the result of any organic cerebral disease, but rather a form, and a somewhat uncommon form, of that protean malady, hysteria.

She was accordingly treated on this supposition with tonics, as quinine, zinc, &c., with good diet, and for some days seemed to improve; she then passed a lumbricus, and a brisk purgative was given, which brought away two or three more, but was followed by an aggravation of the paralytic symptoms; she had now complete hemiplegia of the left side, with greatly diminished sensibility of the limbs, aphonia, and refused to swallow any nourishment. Strong beef-tea was administered in small quantities by the rectum, and in a few days she again began to take food by the mouth. The tonic remedies were resumed, but the right side of the body now began to be affected with loss of power and diminished sensibility. This increased till she was unable to feed herself, or to move in bed, and she lay thus for some weeks, taking but little notice of what was passing around her. During this time the muscles of the face and tongue were under perfect command of the will; the pulse, though feeble, was regular, and not above 90, and there was no degree of fever. Urine limpid, and passed occasionally in large quantity, and the appetite remained pretty good. For more than a month this state continued, then she appeared gradually to improve; she regained, in some degree, the power of moving the right arm and leg, and in January was put on full doses of the carbonate of iron, with the use of galvanism, daily to the affected limbs; the improvement was from this time progressive, and she was discharged March 31st, 1855, able to walk about the ward with ease. She was sent into the country for change of air, and I have since learnt that she has much improved in her general health, though there is still some degree of weakness of the left arm and leg, and the catamenia have not yet appeared.—*Association Med. Jour.*

On a New Parasite in Man (Pentastomum Denticulatum Rud.) By
Dr. ZENKER, of Dresden.

It was Professor Siebold who first demonstrated from the observations of Drs. Pruner and Bilharz, physicians in Cairo, the existence of a species of the genus pentastomum living in the intestines of

man; Siebold gave it the name of *P. constrictum*. The author states that Egypt is not the only country which has the good fortune to possess a pentastome; another species, the *pentastomum denticulatum* Rud., which had hitherto been met with only in animals, is found in man, and is even very common in Germany. The author has observed this worm seven times, and always in the same organ, on the superior surface of the liver, under the peritoneum. It is contained in a dense fibrous capsule which adheres to the parenchyma of the liver and to the peritoneum, but which admits of being easily detached; it appears under the form of a little tubercle of from 2.25 to 3.37 millimetres (.0935 to .1326 of an English inch), usually filled with a calcareous deposit with which the animalcule is itself incrustated. The capsule is proportionally very thick, and it is difficult to extract the worm from it uninjured; sometimes, however, the capsule separates easily from the earthy concretion, and the worm can then be withdrawn.

The author gives a detailed description of the animal, and the description is accompanied with figures to exhibit more clearly the form of the worm, and especially that of the tentacula with which the head is furnished.—*Zeitschrift für Rationelle Medicin and Gazette Médicale de Paris*.

The Committee on Medical Topography, &c.

At the last annual meeting of the American Medical Association in Philadelphia, May, 1855, a committee was appointed, of one member from each State or Territory, and one from the Army and one from the Navy of the United States, to report upon the "Medical Topography and the Epidemic Diseases of the United States, and the most successful treatment of the latter."

A circular was issued, signed by several members of this committee, viz., by James W. Thompson, M.D., of Delaware; Jacob M. Gemmil, M.D., of Pennsylvania; G. Mendenhall, M.D., of Ohio; J. H. Beech, M.D., of Michigan; Joseph Maura, M.D., of Rhode Island; and Thomas Miller, M.D., of the District of Columbia, requesting the members to assemble at Newport, on Tuesday, the 14th day of August; and on that day, in the Redwood Library, Drs. Thompson, of Delaware, Smith, of New Jersey, Perkins, of Vermont, Maura, of Rhode Island, and Shattuck, of Massachusetts,

were present. The meeting was called to order at 10, A. M. Dr. Thompson was chosen chairman, and Dr. Mauran was made the Secretary.

On motion, it was voted, unanimously, that Drs. Dunn and King, of Newport, and Dr. Steiner, of Baltimore, (all permanent members of the Association,) be invited to participate in the discussions of the committee.

It was voted that the first business in order be the reading of communications from members of the committee not able to be present, viz., Drs. Weston, of Maine, Peaslee, of New Hampshire, Mendenhall, of Ohio, Sutton, of Kentucky, Beech, of Michigan, Haskins, of Tennessee, and Wroth, of Maryland.

After the reading and due consideration of these communications, and a free interchange of opinions, a sub-committee was constituted by the appointment of Drs. Perkins, Smith, and Shattuck, to take the subject of the communications and views of members into consideration, and to report at the next meeting; and the committee adjourned to meet at the same place at 5 o'clock in the afternoon.

The committee came together at the appointed time, when the following report was made and adopted:—

Report of the Sub-Committee.

"The written communications of those absent, and the expressed opinions of those present, show that there is but one opinion on the part of all as to the importance of prompt and effective measures being taken to secure the collection of such facts and histories as may enable the committee to draw up their reports satisfactorily. The subject matter is so vast that many collaborators are needed. Each member of the committee has the power to associate with him any professional brethren who may be able and willing to take a part in the work. Very valuable aid can be rendered by State and County Societies, whose co-operation it is advisable to invite. At the same time, some members of the committee are mistaken in supposing that the reports must first be made to, and adopted by a State or County Society. A proposition to this effect was made, but was *not* adopted by the Convention—one obvious reason for this refusal being found in the fact that there are no such societies in many States and Counties.

"Your Sub-Committee think it desirable to try to get the histories of all epidemics which have prevailed since the settlement of the country. Our reports must be made by the 1st of May, 1858, but we must at once set about seeing what materials we can get together.

A general appeal to all members of the profession seems desirable, and a form of circular is subjoined, which it is proposed to send out as extensively as possible. Each member will make his own researches according to time and facilities, and in this way, when the Committee next come together, they may hope to have a mass of material, from a careful examination of which, shape and direction may be given to the reports."

At a meeting of the Committee, at the same place, on the 15th of August, Drs. Mauran and Shattuck were appointed a Sub-Committee to print and send the circulars to the absent members, with an account of the proceedings.

On motion by Dr. Smith, seconded by Dr. Shattuck, it was

Voted—That the thanks of this Committee are hereby cordially tendered to the proprietors of the Redwood Library for the free use of their commodious rooms, and also to our medical brethren at Newport, Drs. Dunn and King, for their continued courtesies and elegant hospitality extended to all the members of the Committee whilst sojourning in their city.

Voted—That the proceedings be signed by the Chairman and Secretary.

Voted—That this meeting is now adjourned to the first Wednesday in May, 1856, at the city of Detroit.

JAMES W. THOMPSON, M.D., *Chairman*.

JOSEPH MAURAN, M.D., *Secretary*.

New Way of Making Oleum Morrhuæ Cum Quina. By K. C., a Member of the Pharmaceutical Association.

GENTLEMEN :—I beg leave to make known through your valuable magazine, a method of preparing Cod Liver Oil with Quinine, so simple and efficacious, that I am confident it will supersede any other process at present in use.

This new and elegant preparation may be easily made without impairing, in the least degree, either the color, odor, translucency, or efficacy of the oil, by dissolving the *pure dry* quina in a very small portion of oil of almonds, (about 8 grs. of quina to 2 drms. of the oil,) with the aid of heat, and then mixing the solution with the desired quantity of oleum Jecoris Aselli. The advantages of this

plan are so self-evident that I will take up no more of your valuable space.

[We have tried the above simple method, and have found it answer admirably. The preparation is made in a few minutes; we found the ordinary disulphate of quinia answer just as well as the quinia itself.—*Editors Montreal Medical Chronicle.*]

EDITORIAL AND MISCELLANEOUS.

SALUTATORY.—Presenting to our readers the salutations of the season, we commence the *fifth* volume of the MONTHLY. It is not unusual to indulge at such times in laudation of all parties concerned in conducting whatever publication thus reaches an anniversary. To this our taste does not incline us, neither does the necessity of the case require it. Our purpose is, in the year before us, to continue in the even course which we have hitherto pursued, and to make the publication a useful one to the profession. With some changes in our minuter arrangements, we hope to be able to furnish not only an abundant supply of the solid elements which shall nourish, but those equally useful ingredients which “cheer but not inebriate.” Without figure we shall endeavor to include among our items those little excerpts of information—not precisely but pretty near to professional gossip—which we find the laborious practitioner so much desires and enjoys. But with assurances of efforts to improve, we must ask our readers to be content rather than to expect from us minute promises, and we respectfully ask each of our friends to make himself our agent to increase still more our circulation.

DISCUSSING ERRORS—THE ACADEMY OF MEDICINE.—It is curious that men are so much afraid to overhaul pretensions that they know must be unfounded. An intelligent surgeon never rests until a wound or an open abscess has been probed thoroughly. But it is the fashion with medical men to tremble at the thought of investigating new medical pretensions, and to turn away from what they conceive to be error, however much the people may be charmed by it, as if stirring

the matter were sure to spread it. At the last meeting of the Academy of Medicine this was illustrated practically. A Fellow proposed a Committee of Inquiry into the truth or falsity of the virtues of the electro-chemical baths, which pretend to extract minerals from the human system. If the thoughtless Fellow had thrown a bomb-shell into the sedate presence he could not have worse startled the sleepy savans. The proposition was frowned down, talked down, thrust down under the table indignantly. It was a proposition to prostitute the Academy. It would advertise a quack and propagate a humbug.

Now, we probably coincide precisely with the indignant as to the worthlessness of the baths. But inasmuch as the people are inquiring on the subject; inasmuch as physicians are the teachers to whom the public look for intelligent opinions upon every claimant to attention as an improved mode of healing; and especially inasmuch as the first publication on this subject was made, not in the secular press, but in one of our most orthodox, city medical journals, it did seem to us that the terrible excitement of Fellows looked as if they felt that they dare not trust a committee of their own appointing to examine and report upon the subject.

We know that certain trembling old fogies do preach the very comforting doctrine that even to touch or treat of, or even expose an error, advertises it, and helps to perpetuate it. The doctrine is comforting to men whose inertia overbalances both curiosity and zeal for science, or the public information. But it is simply a fallacy. If the public would agree to talk of only what the Academy and the old fogies talk about, it might have a shadow of sense in it. But the secular press has a propensity to publish *all the news*, whether it accords with Dr. White-throat's theory of disease, and chimes in with Dr. Tengrane's practice in fevers, or not. And people have a foolish way of talking about whatever they have read and been interested in. And so, if the dignity of the regular practitioner prevents his opening his lips upon the subject, it goes to the jury well argued on the one side, and commended by all that is seducing in novelty, without a word in opposition from the intelligent and well-posted counsel for the people. Is there any wonder that the world is full of quackery?—that quacks eat up the profits and the substance of the regular physicians?—that the secular press is so often arrayed on the side of charlatanry? In our opinion, the profession has itself to blame.

††

THE PUBLIC SCHOOLS AND OUR CHILDREN.—The article in our November number, setting forth the bad effects upon the health of children produced by the present custom of obliging the Public School scholars to learn their lessons out of school hours, has produced a good deal of excitement. The truth of our suspicions is generally conceded, and that a reform is called for seems to be granted. Still some of the best friends of popular education urge that our whole school system would be endangered by attempting it just now. We do not agree with them. The system is well grounded in the affections of the tax-payers. It asks over a million of dollars for its operations during the coming year in the city, and the city authorities vote the sum without hesitation. Its details are nearly perfected, and so grave an error as this of over-crowding the children with studies, and infringing upon hours that should be sacred to rest and play, should be at once corrected. Boston is ahead of us. We ask the attention of the Board of Education and of all philanthropists.

THE EYE INFIRMARY.—The old Eye Infirmary, in which Rogers, Delafield, Wilkes, &c., made their reputation, goes up from Mercer street to new quarters on Second Avenue, corner of Thirteenth street. The building is very large and commodious, and has been erected with special reference to the demands of its medical staff and the good of patients. Its situation, however, has created some little grumbling. It is within a few blocks of the Ophthalmic Institution, over which ex-mayor Woodhull presides, and which seemed to occupy the ground sufficiently. Regarding the metropolitan character of all our large and growing institutions for hospital and charity purposes, we cannot think the grumbling will be heard long.

UNFINISHED JOBS.—The Academy of Medicine, though it gave so much time to the subject of the topical treatment of bronchial diseases, and put upon its archives some papers in the shape of careful reports, over which posterity will crack its sides with laughter, never committed itself by a vote. The elaborate reports were considered and tabled. Why not finally disposed of? Why will not Academicians finish the little job they took in hand? It would look more "ship-shape" and satisfactory.

"A PHYSICIAN MULCTED IN DAMAGES FOR MALPRACTICE."—A paragraph with this title is going the rounds of the papers, giving the particulars of the trial of Dr. Snell, of Williamsburgh, in which it is stated that Dr. Snell is a graduate of the New York Medical College. No such name is found on the records of that institution; and if the name of the college is worth mentioning at all, and if accuracy is desirable, it should be said that he is a graduate of the Crosby street School.

The weather of December and the preceding fall was exceedingly pleasant and mild. The health of the city was also to as remarkable an extent excellent. There has been very little sickness in town; no epidemics are prevalent, and the mortality tables show an unprecedented improvement.

MEDICAL NEWS.

COMPLIMENT TO DR. FRANCIS.—The attending physicians and surgeons of Bellevue Hospital have requested Dr. John W. Francis, the President of the Medical Board, to sit for his portrait, for the use and adornment of the institution. The long life of Dr. Francis devoted to the elevation of the art of medicine, as well as his peculiar services in the responsible situation which he fills, renders this testimonial not only a compliment, but an act of justice. M. Thenglu is the artist chosen to perform the work.—*New York Daily Times*.

HEALTH AMONG THE QUAKERS.—It is stated in the *Friends' Intelligencer*, that from statistics, recently published in England, while the average duration of human life is estimated at thirty-three years, that among the Friends is an average of fifty-one years. Eighteen years thus added to the average of human life is a fact too remarkable not to challenge medical attention, and lead us to a close investigation of the laws of life.

We regret to announce the death of Prof. Johnston, the well-known agricultural chemist, at Durham, Eng.

WAYS TO COMMIT SUICIDE.—1. Wearing thin shoes on damp nights in rainy weather.

2. Building on the air-tight principle.

3. Surfeiting on hot and very highly stimulating dinners.

4. Beginning in childhood to drink tea, and going on from one step to another, through coffee, chewing tobacco, smoking, and drinking.

5. Marrying in haste, getting an uncongenial companion, and living the rest of your life in mental dissatisfaction.

6. Following an unhealthy occupation, because money can be made by it.

7. Tempting the appetite with niceties when the stomach says no.

8. Continuing to keep in a continual worry about something or nothing.

9. Retiring at midnight and rising at noon.

10. Gormandising between meals.

11. Giving away to fits of anger.

12. Trying always to insult or injure somebody.

HONOR TO THE MEDICAL PROFESSION.—The King of Belgium has just created eighteen of the most distinguished physicians in his kingdom Knights of the Order of Leopold.

The Belgian government has also decided to carry at half-price, on the State Railways, all alimentary substances destined for hospitals, and other charitable institutions.

DEATH OF M. MAJENDIE.—This illustrious physiologist died at his country seat, near Paris, on the 7th November, in the 72d year of his age.

The chair of Practice of Medicine in the University of Edinburgh has recently been filled by the election of Dr. Laycock, of York, after a vigorous canvass. His strongest competitors were Prof. Bennett, and Dr. Wood, of Edinburgh. Prof. Alison had retired from this chair on account of ill-health, and has been appointed Emeritus Professor.

A Consumption Hospital has recently been organized in this city by the election of Dr. J. H. Griscom, president, and Dr. A. H. Jones, secretary. This is the first institution of the kind in this country.

HOSPITAL FOR CATS AT ALEPPO.—The other remarkable thing here is the hospital for cats. This was founded long ago by a rich, cat-loving Musselman, and is one of the best endowed institutions in the city. An old mosque is appropriated to the purpose, under the charge of several directors, and here sick cats are nursed, homeless cats find shelter, and decrepit cats gracefully purr away their declining years. The whole cat-egory embraces several hundreds, and it is quite a sight to behold the court, the corridors, and terraces of the mosque swarming with them. Here, one with bruised limb in receiving a cataplasm; there a cataleptic patient is tenderly cared for; and so on, through the long concatenation of feline disease. Aleppo, moreover, rejoices in a greater number of cats than even Jerusalem. —*Bayard Taylor.*

"CHLOROFORM has been freely administered in all the divisions of the English army in the Crimea, save the second, and has been generally approved;—one death only, as far as known, having occurred directly from its administration."—*Guthrie's Commentaries on Surgery.*

Card of the Committee on Prize Essays of the American Medical Association.

At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a committee to receive voluntary communications on medical subjects and award prizes in accordance with the regulations of that body.

Each communication intended to compete for a prize must be addressed to the Chairman of the Committee, at Ann Arbor, Michigan, before March 20th, 1856, and must be accompanied with a sealed packet, containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay, which packet will not be opened unless the essay belonging to it is successful in obtaining a prize.

Unsuccessful papers will be returned on application, after the adjournment of the meeting of the Association at Detroit, in May next.

A. B. Palmer, M.D., Chairman, S. Denton, M.D., A. R. Terry, M.D., A. Sayre, M.D., S. H. Douglass, M.D., C. L. Ford, M.D., E. Andrews, M.D.

N.,

ere
cat-
the
the
less
ing
is
the
eiv-
or ;
po,
em.

the
ully
ctly

ical

ila-
to
ard

ad-
chi-
a
sed
the
to

ad-
lay

ry,
E.

The American Medical Monthly,

PRICE \$1 PER ANNUM, PAYABLE IN ADVANCE.

This Journal has now been published two years, its policy, as well as its literary and scientific character, are well known; and its four past volumes, it is believed, afford a guaranty of its progressive character in the future.

Its ORIGINAL COMMUNICATIONS will consist of Lectures, Monographs, Essays, and Reports of Cases, from gentlemen of the first rank in the profession in this country.

Its REVIEWS will be from gentlemen distinguished in the special department of medicine to which each work reviewed belongs. It will aim to be rigidly just, both to the author and the reader; so that, while the former receives what his real merits award him, the latter will obtain a candid and correct opinion of the value of the work, and the nature of its contents, to guide him in his selections for his library.

Its CHRONICLE OF MEDICAL PROGRESS will embrace *Translations from Foreign Literature*, made expressly for this Journal, and a Retrospect of the Medical Literature of Great Britain and the United States.

The Journal will also contain Hospital Reports with cases, and the Reports of the various Societies.

A new feature of the Journal will be its MEDICAL NEWS, short items of medical intelligence, which interest every medical reader.

In its EDITORIAL columns, all medical topics will be discussed freely, candidly, and independently of all factions and cliques.

ORIGINAL MATTER, in Essays, Monographs, and Reports of valuable cases, with Correspondence, will be liberally paid for, with punctuality, on publication, provided the terms are *previously* arranged.

Manuscripts not used will be returned, if requested, at the cost of the author; but the editor will not hold himself responsible for manuscripts not specially marked for return.

No pains or expense will be spared to render the work worthy the confidence and support of the Profession; and all who take an interest in the promotion of Medical Science, are respectfully solicited to subscribe for it, and contribute to its pages the results of their experience and study.

This Periodical is published on the first day of every month, each number containing at least eighty pages, printed in the best style, on fine paper. It thus furnishes to its subscribers two volumes per year, of 480 pages each; filled with valuable matter.

All orders, books for review, and communications upon the business of the MONTHLY, should be addressed "E. P. ALLEN, *Publisher*, No. 9 Spruce-street, New York." Literary communications, correspondence, &c., should be directed to the Editor, at the same office; or, if from within the city, to his residence, No. 279 Fourth Avenue.

E. P. ALLEN.

New York, January, 1854.